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**COUNTY BOROUGH AND
PORT OF PRESTON**



1971

Report on the health of the Borough

**Medical Officer of Health
Principal School Medical Officer
Port Medical Officer**

COUNTY BOROUGH OF PRESTON

The following Committee resolutions were confirmed by the Council on the 22nd March, 1973.

HEALTH COMMITTEE

20th February, 1973

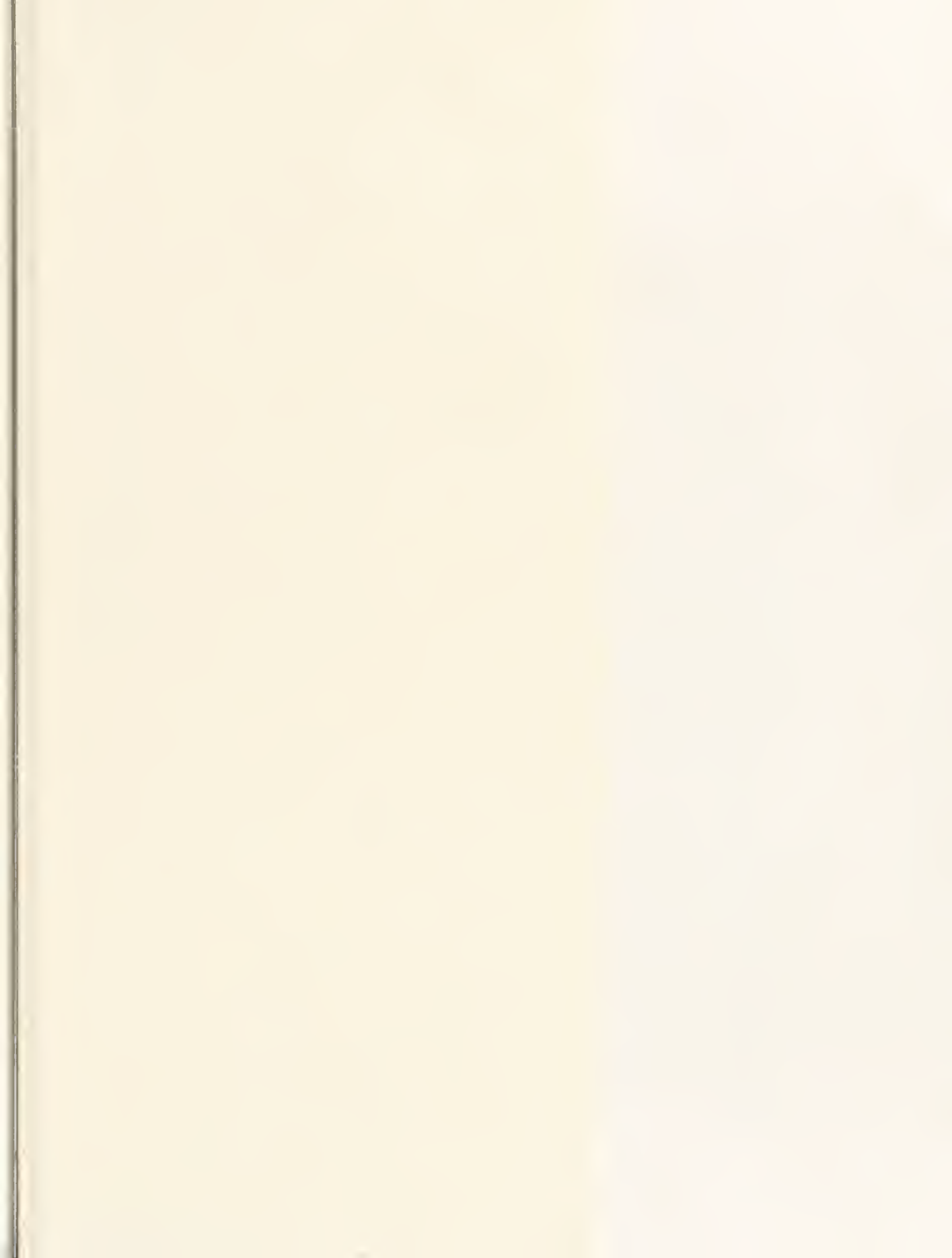
The Committee received the Annual Report of the Medical Officer of Health for the year 1971.

Resolved - That the Introduction to the Report be not accepted because of the gross inaccuracies in its factual content and the fact that some of the remarks are considered to be irrelevant and gratuitously offensive.

SOCIAL SERVICES COMMITTEE

6th March, 1973

Resolved - That this Committee's disagreement with certain remarks made in the Introduction to the Medical Officer of Health's Annual Report for 1971 be recorded.



COUNTY BOROUGH OF PRESTON


The following Committee resolutions were confirmed by the Council
on the 22nd March, 1973.

Annual Report 1971

Table of Contents

	PAGE
1. INTRODUCTION	3
2. COMMITTEES	5
3. STAFF	8
4. ESTABLISHMENT	10
5. STATISTICS AND SOCIAL CONDITIONS OF AREA	12
6. PERSONAL HEALTH SERVICES	23
(a) MIDWIFERY	23
(b) DAY NURSERIES	24
(c) HEALTH VISITING	25
(d) HOME NURSING	27
(e) WELFARE	27
(f) MENTAL HEALTH	33
(g) AMBULANCE	35
(h) PROVISIONS OF THE EXECUTIVE COUNCIL	37
(i) CREMATION	38
7. EPIDEMIOLOGY	39
8. ENVIRONMENTAL CONTROL	57
9. PORT HEALTH	83
10. HEALTH EDUCATION	93
11. SCHOOL HEALTH	95
12. APPENDIX—STATISTICAL TABLES	108





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ASHTON HEALTH CENTRE

Introduction

To the Mayor, Aldermen and Councillors of the County Borough of Preston.

I have the honour to present the Annual Report of the Medical Officer of Health, Principal School Medical Officer and Port Medical Officer, on the Health of the Borough for the year 1971.

At the time of writing this report I have already vacated my office of Medical Officer of Health to take up my new appointment of Principal Assistant Senior Medical Officer to the Manchester Regional Hospital Board. I am very happy still to be working in the same region with many of my professional colleagues who have given me years of invaluable support in my office of Medical Officer of Health. I am likewise very happy still to be professionally involved in the Health Services for Preston as part of my wider responsibilities to the Manchester Regional Hospital Board.

I should like to welcome back to Preston one of my previous deputies, Dr. Carroll, who has taken over my vacated post as the head of the Health Department. I wish him every success in his task of continuing to develop the Health Services in Preston, a task with which he has already come to grips whilst in his office of Deputy Medical Officer of Health.

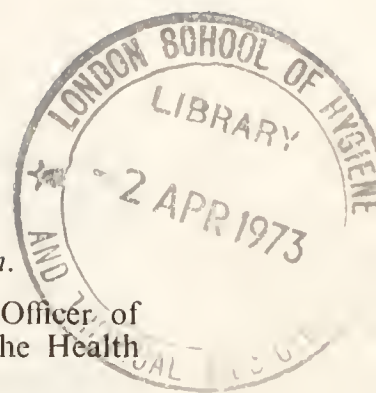
I should also like to express my appreciation to Dr. Perera, present deputy, for his valuable support and particularly for his extra work in the inter-regnum.

A major feature of 1971 was the establishment of the new Social Services Department under the new director, Mr. Pickering. I should like to place on record my appreciation of the excellent co-operation and friendship that has grown out of the close working of the two departments. Starting with a very thin budget, a very small establishment and inadequate premises, plus new personnel in new roles yet to be learned, it is not to be wondered that initially the service to the public inevitably deteriorated during the early months. The staff of the Health Department continued to help and support their new colleagues through the whole of the year and I should like to thank them for the extra effort they made, without which chaos would have ensued.

Prior to the establishment of the new department, a start had been made in introducing the principles of a multi-disciplinary approach to medico-social problems and the introduction of generic field work. This considerably facilitated the introduction of the new system of organisation and management under the new director. With this new approach a far better service to the public should ensue, providing the council measures up to its responsibilities and avoids the error of trying to run the new department on the same order of meagre budget that was allocated when social services were the responsibility of the Medical Officer of Health.

These changes in administration are paving the way for the still more sweeping changes in the form of reorganisation of Local Government and the establishment of the new Integrated Health Service in 1974. During 1971 realisation of the immense value of the envisaged changes was slow to take hold and much vital preparatory work was bedevilled by parochialism and rigidity of outlook in some elderly minds.

It is important that the council is alive to its responsibilities to maintain progress in all its health schemes, particularly in those such as the establishment of Health



Centres that will facilitate integration. Likewise it is essential that all the staff are given adequate opportunities for retraining for their new roles. There is need at all levels for a reorientated and imaginative approach to the new services.

With the development of the new town, all the services, whether Area Health Authority or Local Authority, both Personal and Environmental should benefit from their greater resources. Providing the new authorities face the challenge and provide really adequate financial support to all the new services, there is no reason why very quickly now Preston cannot cease to be an unhealthy corner of the North-West of England and emerge instead as a fine new healthy area, in which people can be proud to live, to thrive in good health and achieve their full potential.

C. F. W. FAIRFAX,
Medical Officer of Health.

HEALTH COMMITTEE 1971-72

Chairman	Councillor A. SMITH.
Vice-Chairman	Councillor W. WILSON.
	Councillor Mrs. J. AINSCOUGH.
	Councillor I. BOOTH.
	Councillor J. BRADY, B.E.M.
	Councillor R. E. BUTCHER.
	Councillor H. R. EVANS.
	Councillor Mrs. M. HAYHURST.
	Councillor V. HIND.
	Councillor R. LINDLEY.
	Councillor Mrs. C. SHARPLES, J.P.
	Councillor G. D. THOMPSON.

EDUCATION DEVELOPMENT SUB-COMMITTEE

Chairman	Alderman Mrs. R. LYTTON.
Vice-Chairman	Councillor A. C. TAYLOR.
	Alderman H. BEAUMONT.
	Alderman Mrs. D. DEWHURST, J.P.
	Councillor Mrs. J. AINSCOUGH.
	Councillor J. ATKINSON.
	Councillor I. BOOTH.
	Councillor J. LUND, J.P.
	Councillor H. PARKER.
	Councillor Mrs. C. M. ROBINSON.
Co-opted Members	REV. N. B. FISHBURN.
	REV. J. C. H. A. FORDHAM.
	THE VERY REV. MONSIGNOR B. K. O'NEILL.
	K. C. BODFISH.
	C. CROSTHWAITE.
	J. SMITH.

SOCIAL SERVICES COMMITTEE

Chairman	Alderman Mrs. D. SMITH.
Vice-Chairman	Councillor Mrs. J. AINSCOUGH.
	Alderman H. BEAUMONT.
	Councillor Mrs. D. A. BONASS.
	Councillor Mrs. M. CORNWELL.
	Councillor E. F. DAVIES.
	Councillor Mrs. M. HAYHURST.
	Councillor Mrs. B. S. JEPSON.
	Councillor H. MERRIWEATHER.
	Councillor Mrs. C. M. ROBINSON.
	Councillor Mrs. C. SHARPLES, J.P.
	Councillor G. D. THOMPSON.

Functions of Health Committee

1. To consider and take any necessary action for promoting and safeguarding the general health of the community within the Borough including the prevention, notification and treatment of disease.

2. The duties, powers and functions of the Council as the Local Health Authority and as the Port Health Authority.

3. To be the executive committee for the purposes of the Diseases of Animals Act 1950 and pursuant to Standing Order 38 authority to appoint a Diseases of Animals Sub-Committee.

4. The duties, powers and functions of the Council under or in relation to the following:-

- (a) the superintendence of the department of the Medical Officer of Health;
- (b) the provision and maintenance of public sanitary conveniences;
- (c) the Public Health Acts and Local Acts, so far as they relate to health and sanitary matters;
- (d) Mental Health except those duties and functions which fall to be performed by the Social Services Committee under the Local Authority Social Services Act 1970; Pharmacy and Poisons; Clean Air; Nursing Homes; Nurses; Midwives; Noise Abatement; Prevention of Damage by Pests; and food and drugs except Part III of the Food and Drugs Act, 1955;
- (e) licensing of slaughterhouses, and slaughter of animals and poultry;
- (f) licensing and regulation of caravan sites, the sale of pet animals, boarding establishments for animals and riding establishments;
- (g) the Rag, Flock and Other Filling Materials Act, 1951; the Fertilisers and Feeding Stuffs Act, 1926; the Agricultural Produce (Grading and Marking) Acts, 1928 and 1931; the Agriculture (Safety, Health and Welfare Provisions) Act, 1956; Part I (Health General Provisions) and Part VIII (Home Work) of the Factories Act, 1961; the Offices, Shops and Railway Premises Act, 1963 (except Sections 28 to 41); Section 5 of the Health Visiting and Social Work (Training) Act, 1962 except those duties and functions which fall to be performed by the Social Services Committee as aforesaid; Trading Representations (Disabled Persons) Act, 1958.

SENIOR PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY

Medical Officer of Health, Principal School Medical Officer and Port Medical Officer	C. F. W. FAIRFAX, M.B., B.S., D.P.H.
Deputy Medical Officer of Health, Principal School Medical Officer and Deputy Port Medical Officer	J. T. CARROLL, M.B., B.Ch., F.R.C.S., D.R.C.O.G., D.P.H.
Departmental Medical Officers and School Medical Officers	K. DOWLING, B.A., M.B., B.Ch. I. M. R. PURDOM, M.B., Ch.B., D.P.H. K. K. U. PERERA, M.B., B.S., D.P.H. D. A. TAIT, L.M.S.S.A., M.R.C.G.P. (com- menced part-time 10.5.71; full-time 28.6.71). E. ISHERWOOD, M.B., Ch.B. (terminated 24.1.71). *E. FAULKNER, M.B., Ch.B.
CLINICIANS UNDERTAKING CONSULTATIVE WORK—	
Consultant Obstetricians	W. H. TOD, D.Sc., M.D., F.R.C.O.G. W. A. ROBSON, M.B., Ch.B., F.R.C.O.G.
Consultant Otorhino Larynologists	J. A. KERSLEY, M.B., Ch.B., F.R.C.S., D.L.O. (retired 25.10.71). H. WICKHAM, M.B., Ch.B., F.R.C.S. T. B. DUFF, M.B., B.Ch., F.R.C.S. (Ed.) (commenced 3.11.71)
Consultant Paediatrician	A. G. HESLING, M.B., B.Sc., M.R.C.P., D.C.H.
Consultant Orthodontist	F. D. ROWE, L.D.S.
Consultant Anaesthetists	J. A. L. COOPER, M.R.C.S., L.R.C.P. A. LYTHGOE, M.B., Ch.B. (commenced 18.1.71).
Assistant in Ophthalmology	J. L. BANIK, M.B., B.S., D.O.
Veterinary Officer	F. J. PROCTOR, B.Sc., M.R.C.V.S., D.V.S.M.
Chief Dental Officer	A. KERSHAW, L.D.S.
Senior Dental Officers	*M. BORMAN, L.D.S. (commenced full-time 13.4.71).
Chief Public Health Inspector	E. OWEN, F.A.P.H.I.

Deputy Chief Public Health Inspector .. .. .	..	E. WORTH, M.A.P.H.I.
Director of Nursing Services	..	Miss E. W. SOWERBY, S.R.N., S.C.M., H.V. Cert.
Nursing Officers .. ..	..	Miss M. HADFIELD, S.R.N., S.C.M., M.T.D. Miss M. MORGAN, S.R.N., S.C.M., Q.N., H.V. Cert.
Deputy Superintendent Health Visitor .. .. .	..	Miss M. E. MILLS, S.R.N., S.C.M., H.V. Cert.
Speech Therapist .. ..	..	Mrs. W. M. WEBSTER, L.C.S.T. (commenced 26.7.71).
Radiological Protection Officer	..	Mr. J. DONNOLLY, B.Sc.
Physiotherapist .. ..	..	Mrs. K. M. FULLER, M.C.S.P. (commenced 15.3.71). *Mrs. M. J. PHILLIPS, M.C.S.P., S.R.P. (commenced 10.5.71).
Health Education Officer ..	..	C. J. NELSON.
Chief Administrative Assistant	..	J. R. STALKER.

* *Part-time staff*

Establishment

Perhaps the most noteworthy event during the year was the recruitment of two physiotherapists and one speech therapist, posts that have been vacant for a long time.

Dr. Isherwood, a departmental medical officer, left in January to take up a post with the civil service. Dr. Tait was appointed to the vacancy in June, 1971.

Mr. Kersley, the consultant otorhino larynologist retired in October after many years of sessional work for the local authority. I am grateful to him and wish him well in his retirement.

Mrs. Borman, the part time senior dental officer, took up full time duty in April, whilst Mrs. Lythgoe commenced sessional work as consultant anaesthetist in January.

As from the 1st April, the newly formed Social Services Committee took over responsibility for the welfare and mental health services, and as reported in 1970 the appropriate staff were transferred to the new department, as were the staff of the Junior Training Centre to the Education Committee.

Statistics and Social Conditions of the area during 1971

Population

The Registrar General has supplied us with an estimated mid-year figure of 96,790, although after the 1971 census, Preston was stated to have a population of 97,365. All rates have been based upon the estimated figure. Tables relating to births and deaths are on pages 17-21.

Births

One thousand, six hundred and ten babies were born to Preston mothers during the year, giving a live birth rate of 16.4 (adjusted) as compared with 17.5 in 1970, the England and Wales rate being 16.0.

Deaths

The total number of deaths assignable to Preston is 1,391 an increase of sixty-nine from that of the previous year, the rate being 15.0 in comparison to the England and Wales rate of 11.6. Heart disease, cerebrovascular and malignant disease accounted for approximately 66% of the total deaths.

Heart Disease. Two hundred and thirty three men and two hundred and one women died from heart condition, one hundred and thirty five of them before they reached the age of sixty five.

Cerebrovascular Disease. Although there was a reduction of thirty one persons who died of cerebrovascular disease from that of 1970, the seventy six males and one hundred and sixteen females still accounted for 14% of the total deaths.

Malignant Disease. A total of two hundred and ninety two persons died from malignant disease during the year under review. Fifty eight males and seventeen females died from lung cancer compared with sixty three males and eleven females in 1970. Although the totals are approximately the same, this shows a marked difference in males and females, a reflection of changing smoking habits.

Twenty three women died from carcinoma of the breast, whilst ten died from malignancy of the uterus.

Other deaths:

Bronchitis. One hundred and five persons died from this condition.

Accidents. Eighteen persons lost their lives due to motor vehicle accidents, half of them before they reached their twenty fourth birthday. Other accidents took a heavier toll when eleven men and sixteen women died. Accidents in the home accounted for fifteen of these deaths.

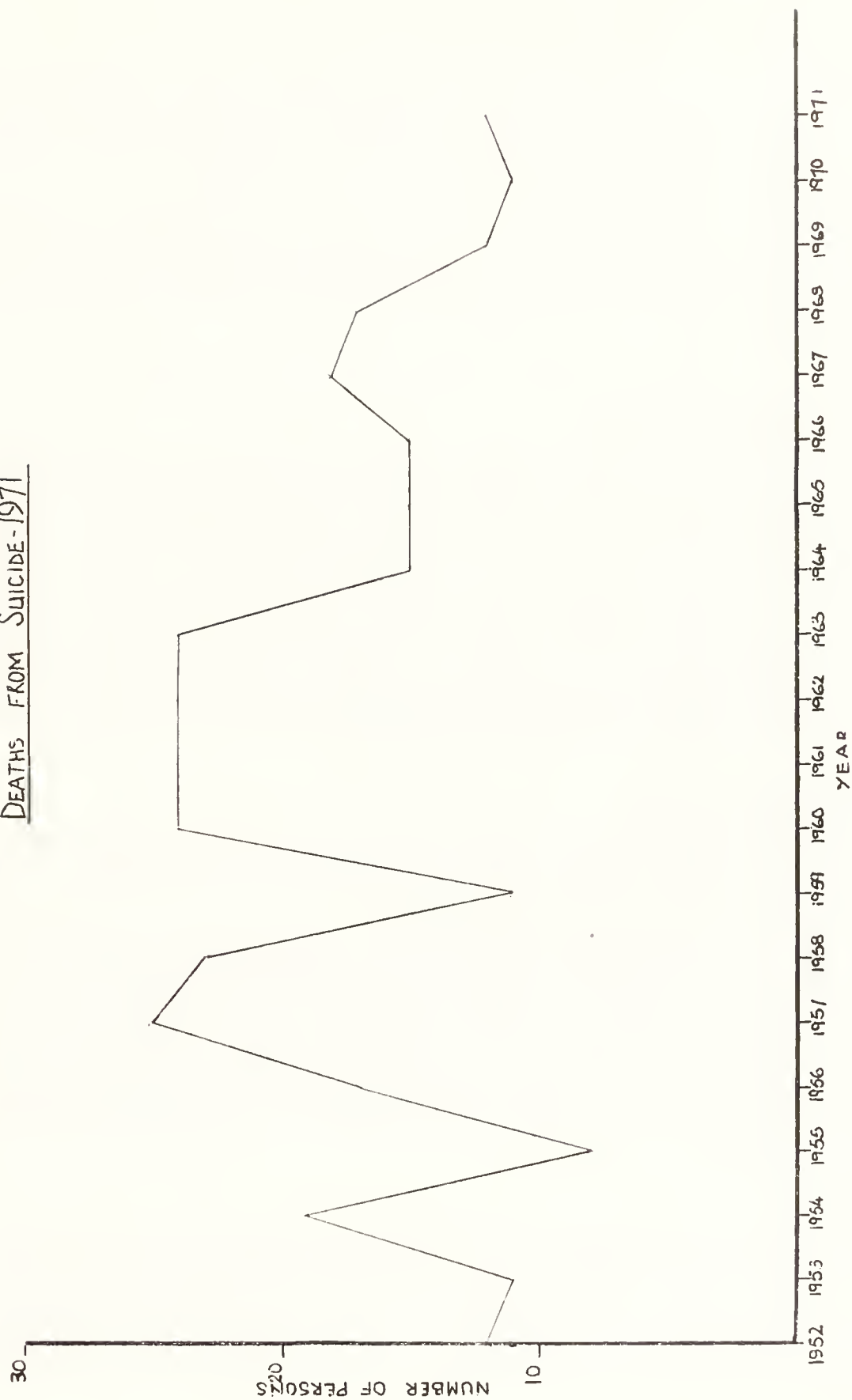
Suicide. Twelve persons took their own lives during the year, one less than in 1970. The graph illustrates the numbers over the past twenty years.

INFANT DEATHS

During the year there were thirty five infant deaths, giving an infant mortality rate of twenty two per 1,000. This compares favourably with the rate of twenty six per 1,000 in 1970. However the infant mortality rate for England and Wales in 1971 was eighteen. The Preston rate is still high.

There were thirty two stillbirths and sixteen deaths of infants under the age of one week giving a total of forty seven perinatal deaths and a perinatal mortality rate of twenty nine.

DEATHS FROM SUICIDE-1971



There was a total of twenty one neonatal deaths giving a neonatal mortality rate of thirteen. Of these deaths sixteen occurred under one week of age. The deaths of the other five were all attributable to congenital abnormalities. Two were cases of spina bifida with hydrocephalus and two cases of congenital heart disease and one was a severe case of fibrocystic disease with bowel obstruction.

All these vital statistics are from figures supplied by the General Register Office. These would indicate that there were fourteen post-neonatal infant deaths; in fact there were fifteen. Of these fifteen, five were cases of gastro-intestinal infection, three were sudden infant deaths, three were cases of pneumonia and four died from various other causes.

The following is an analysis of the post-neonatal infant deaths:-

Gastro-intestinal Infections

There were four deaths from gastro-enteritis and one from sonn  dysentery. These deaths were distributed throughout the year and the infants were of varying ages between three and eleven months. In three cases there was a history of symptoms during the preceding two weeks for which medical attention had been obtained. Follow up visits by a health visitor in these cases might have helped by alerting parents to danger signs and ensuring more prompt review by the doctor. For none of these cases, however, was there a health visitor attached to the general practice concerned. Follow up of cases of gastro-enteritis is essential and health visitor attachments to practices should facilitate this. The other two deaths from gastro-intestinal infection were infants of low birth weight. Both were "at risk" because of this and because of poor social circumstances, one having the additional handicap of a skull abnormality which required surgery two months before death.

Sudden Death in Infancy

Three infants were cases of "cot death", the cause of death following post mortem being given as sudden death in infancy. Examination revealed no evidence of recent injury or of disease to account for the death.

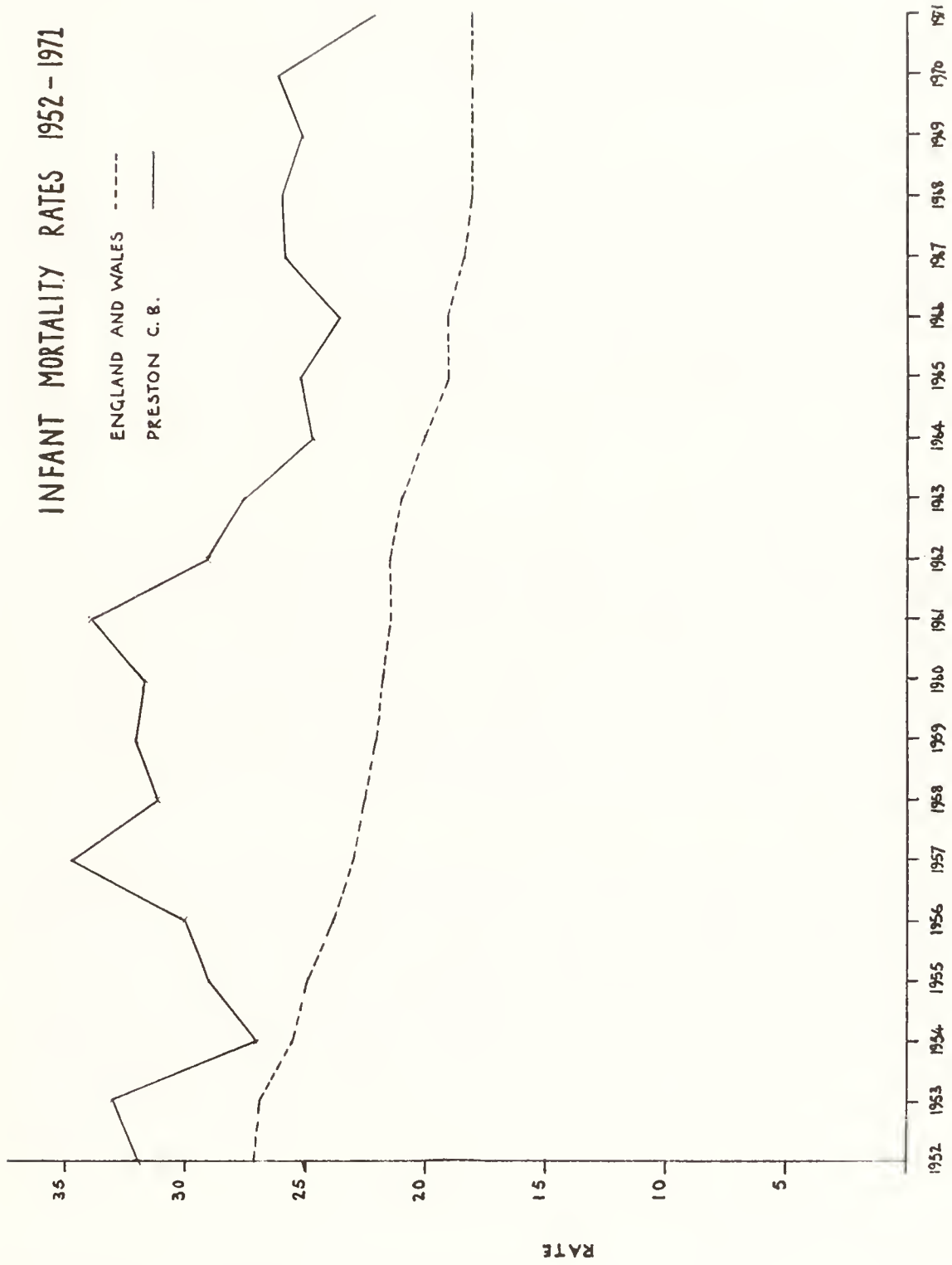
The ages of the three infants were fifteen weeks, eleven weeks and ten months. In the last two cases there were several factors which placed the infants at risk: illegitimacy, poor standards of mothercraft, non attendance at clinic. Both infants had a history of injuries previously which required hospital treatment and the younger one had, in addition, required in-patient treatment for gastro-enteritis. In this case evidence of upper respiratory infection was noted by the health visitor one week before death but follow up was prevented by no access on subsequent visits. In the other case a follow up appointment for the fracture clinic had not been kept and repeated visits by the health visitor had resulted in no access during the last month of his life.

Pneumonia

Three infants died from pneumonia, their ages being eleven months, nine weeks and eleven weeks, the deaths occurring in January, February and April respectively.

In the first case it appears that following initial treatment further medical help may not have been sought because of the illness occurring over the Christmas holiday.

INFANT MORTALITY RATES 1952-1971



In the second case there was a lack of awareness of the severity of the illness, the infant being found dead in the cot one morning. While obviously a fulminating infection the advanced signs of pneumonia on post mortem examination suggested that the infant must have been acutely ill the previous day.

The third case was one of acute virus pneumonia in an illegitimate infant of low birth weight from very poor home circumstances.

Various Causes

The remaining four infant deaths were from various causes. One infant died from suppurative meningitis. The family doctor had not been consulted, treatment having been obtained from the chemist. This illustrates the danger of casual treatment of illness in infancy. A five month old infant died from renal failure the result of kidney damage from dehydration following acute gastro-enteritis two months previously. Failure to seek medical attention at that time may in part have been due to the illness occurring during the Christmas holiday period. Delay in securing medical attention because of illness occurring at the weekend may have been a factor in another infant death which was due to a severe virus infection. Chronic chest infection at four months of age in a child with Down's syndrome was the fourth cause of infant death in this series.

ABUSED CHILDREN

The term abused children is used here because it would include children of all ages considered to have been physically ill-treated and is not limited only to infants and young toddlers who are the victims of the "battered baby" syndrome.

During the year reports were received from Dr. Hall, Senior Accident Officer at Preston Royal Infirmary, on nineteen children who attended the casualty department with injuries which did not appear to be accidental. In addition reports were received about four children who were considered to be at risk of being injured. These reports provide details of history, examination of the injured child and interpretation of the findings which make them invaluable. I am grateful for his contribution in helping to detect and elucidate an ever increasing number of medico-social problems.

Early discussion of cases by doctors at the hospital, health department or in general practice have been shown to be essential. Initial notification to the health department of a suspect case of child abuse is frequently by telephone call to the Medical Officer of Health. This helps to secure a quick report by the Health visitor on the family background and it also alerts her to the need for any future supervision of the family. Various agencies or departments may be closely involved. In several of the cases the N.S.P.C.C. have been called in first and one of their inspectors has been responsible for the taking of the child to hospital for examination. The family concerned may already be known to the Social Services Department or the child may have been placed in care of the local authority. While the police routinely receive reports of children considered to have been the subjects of physical abuse proceedings are not taken until full discussion with the various departments involved in the case has shown this to be appropriate.

Battered Baby Syndrome

Seven of the children in this series were classified as cases of the battered baby syndrome, their ages ranging from ten months to two and a half years. In one of these

cases death supervened within thirty six hours of the injuries the child having sustained multiple bruising and rupture of the intestines. Injuries sustained by the other six cases included fractured skull (one case), fractured tibia (one case) and multiple bruising and laceration in four cases.

In two of the cases there remained some doubt as to who had inflicted the injuries. In one of these, however, there was sufficient evidence for the child to be removed from her parents on a court order and committed to the local authority for long term care. For the other, return to her parents with health visitor supervision was advised. In two cases the child's father was the person responsible for inflicting the injuries. In both cases supervision by the Social Services Department was ordered by the juvenile court but in only one of these cases were legal proceedings taken against the father. The mother of one child admitted that she had inflicted the injuries. In this case the child was taken into short term care while the mother underwent further psychiatric treatment, the child subsequently being returned to her mother. In the remaining case of the battered baby syndrome the child received his injuries while being day-minded. Appropriate court action was taken in this case.

Other Non-Accidental Injuries

There were five children of varying ages from one year to thirteen years referred to the casualty department for injuries which proved to be non-accidental. Of these two were young children under four years of age, brother and sister, who sustained cigarette burns of the arm or leg. There was a five year old child with bruising of the face and arm, inflicted, however, under provocation. Two other school age children, a boy and a girl aged thirteen years and five years, sustained bruising or abrasions of the body from excessive chastisement by a parent. All these children have subsequently required supervision either by the N.S.P.C.C. or a social worker of the Social Services Department.

There was additionally a one year old infant with a head injury where there was doubt whether the injury was accidental. Health visitor supervision in this case has fortunately shown that there is no cause for concern.

Children at Risk of Injury

There were four cases reported where there were allegations of physical ill treatment or where circumstances warranted a suspicion of this. In none of the cases were any injuries seen on examination at the casualty department. In one case any suspicion of ill treatment was allayed by the health visitor's report. In two cases while a history of injury remained unproved circumstances justified continued supervision by a health visitor or an inspector of the N.S.P.C.C. The remaining case was one of possible sexual abuse of a young boy which, however, was disproved following examination although preventive measures were taken to avoid the risk of subsequent interference.

Accidental Injuries

Where a child under the age of three years has been brought to the casualty department because of injuries, whatever their nature, sustained on three different occasions this child is notified to the health department as potentially at risk. Investigation is undertaken by the health visitor and subsequent supervision carried out if indicated. Three children came into this category during the year. One was a

child in her second year with a history of repeated head injury. This was found to be associated with stress within the home and regular visiting of the family subsequently by the health visitor has proved beneficial with incidentally no further injuries to the child. Another child also in the second year of life had a history of both head injury and burns. Inquiry revealed that the child had previously required to be taken into the care of the local authority on account of neglect. Continuing supervision of this child both by health visitor and social worker has shown no further neglect or accidental injury. The third child had accidental injuries during a period of severe stress in the family through serious illness in the home. Following a return to normal home conditions there has been no recurrence.

Two other cases of accidental injury occurred as the result of abnormal family circumstances, one a fractured limb and abrasions in a two year old child due to a home accident at the time when the father was ill in hospital. The other was a case of repeated head injuries in a toddler whose mother was deaf and thus inattentive but certainly not wilfully neglectful. Supervision and advice by the health visitor has proved beneficial here.

One newborn infant was suspected of having been wilfully injured. Inquiry and examination revealed, however, that the swelling of the infant's arm was due to a birth injury, accidental in nature.

Table 1.
Vital Statistics.

		Local Authority Area			England and Wales (Total)
		Males	Females	Total	
Estimated mid-year home population		...	...	96,790	48,815,000
Live Births	Total	826	784	1,610	783,165
	Legitimate	684	662	1,346	717,491
	Illegitimate	142	122	264	65,674
Stillbirths	Total	16	16	32	9,898
	Legitimate	12	14	26	8,826
	Illegitimate	4	2	6	1,072
Total Live and Stillbirths	Total	842	800	1,642	793,063
	Legitimate	696	676	1,372	726,317
	Illegitimate	146	124	270	66,746
Deaths of Infants					
under 1 year of age	Total	21	14	35	13,726
	Legitimate	13	11	24	12,140
	Illegitimate	8	3	11	1,586
under 4 weeks of age	Total	10	11	21	9,113
	Legitimate	6	8	14	8,121
	Illegitimate	4	3	7	992
under 1 week of age	Total	6	10	16	7,750
	Legitimate	3	7	10	6,903
	Illegitimate	3	3	6	847
Deaths — all ages		708	683	1,391	567,345

Table 1—continued.
Vital Statistics.

	Local Authority Area	England and Wales
Estimated mid-year home population	96,790	48,815,000
Live Birth Rates, etc.		
Live births per 1,000 home population (crude rate) ...	16.6	16.0
Area comparability factor ... ..	.99	1.00
Local adjusted rate	16.4	16.0
Ratio of local adjusted rate to national rate	1.03	1.00
Illegitimate live births as percentage of all live births ...	16	8
Stillbirth Rate		
Stillbirths per 1,000 total live and stillbirths	19	12
Infant Mortality Rates		
Deaths under 1 year per 1,000 live births	22	18
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	18	17
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births... ..	42	24
Neonatal mortality rate		
Deaths under 4 weeks per 1,000 live births	13	12
Early neonatal mortality rate		
Deaths under 1 week per 1,000 total live births	10	10
Perinatal mortality rate		
Stillbirths and Deaths under 1 week combined, per 1,000 total live and stillbirths	29	22
Deaths Rates, etc.— all ages		
Deaths per 1,000 home population (crude rate)	14.4	11.6
Area comparability factor	1.04	1.00
Local adjusted rate	15.0	11.6
Ratio of local adjusted rate to national rate	1.29	1.00

Table 2.
Comparative Statement of Vital Statistics.
1971.

	Birth Rate	Death Rate	Infant Mortality Rate	Stillbirth Rate (per 1,000 live and stillbirths)	Perinatal Mortality Rate	Maternal Mortality Rate per 1,000 (Total Live and stillbirths)		
						Maternal (causes excluding abortion)	Due to abortion	Total Maternal Mortality
England and Wales (provisional)	16.0	11.6	18	12	22	0.13	0.03	0.17
Birkenhead ..	18.5	12.8	27	19	34	—	—	—
Burnley	16.55	14.58	21.43	16.39	29.66	—	—	—
Bury	18.25	12.31	15.27	16.60	22.92	—	—	—
Halifax	17.0	15.0	23	16	27	—	—	—
Liverpool ..	15.8	13.2	22	15.5	27.52	0.103	—	0.103
Manchester ..	16.46	13.15	23.52	15.22	28.89	—	—	—
Oldham	17.57	14.07	28.06	14.89	29.77	1.06	—	1.06
PRESTON ..	16.6	14.4	22	19	29	—	—	—
Rochdale ..	19.1	13.2	29	13	28	—	—	—
St. Helens ..	19.8	12.8	24.3	17.7	30.1	—	—	—
Stockport ..	16.6	13.2	21	15	26	—	—	—
Wallasey ..	14.7	12.9	24	15	32	—	—	—
Wigan	19.1	13.1	26.0	15.0	30.0	—	—	—

Table 3.
Number of Births registered in the various wards.

Ward					Estimated Population	Births	Rate per 1,000 population
Ashton	...	...	...	...	8,158	98	12.01
Avenham	...	...	...	...	7,074	137	19.37
Central	...	...	...	...	5,402	121	22.40
Deepdale	...	...	...	...	9,535	135	14.16
Fishwick	...	...	...	...	7,903	177	22.40
Moorbrook	...	...	...	...	7,553	130	17.21
Park	...	...	...	...	4,116	79	19.19
Ribbleton	...	...	...	...	13,178	215	16.32
St. John's	...	...	...	...	7,709	124	16.09
St. Matthew's	...	...	...	...	8,323	168	20.19
Savick	...	...	...	...	10,234	104	10.16
Tulketh	...	...	...	...	7,605	122	16.04
Total					96,790	1,610	

Table 4.
Causes of Death — arranged according to sex and age.

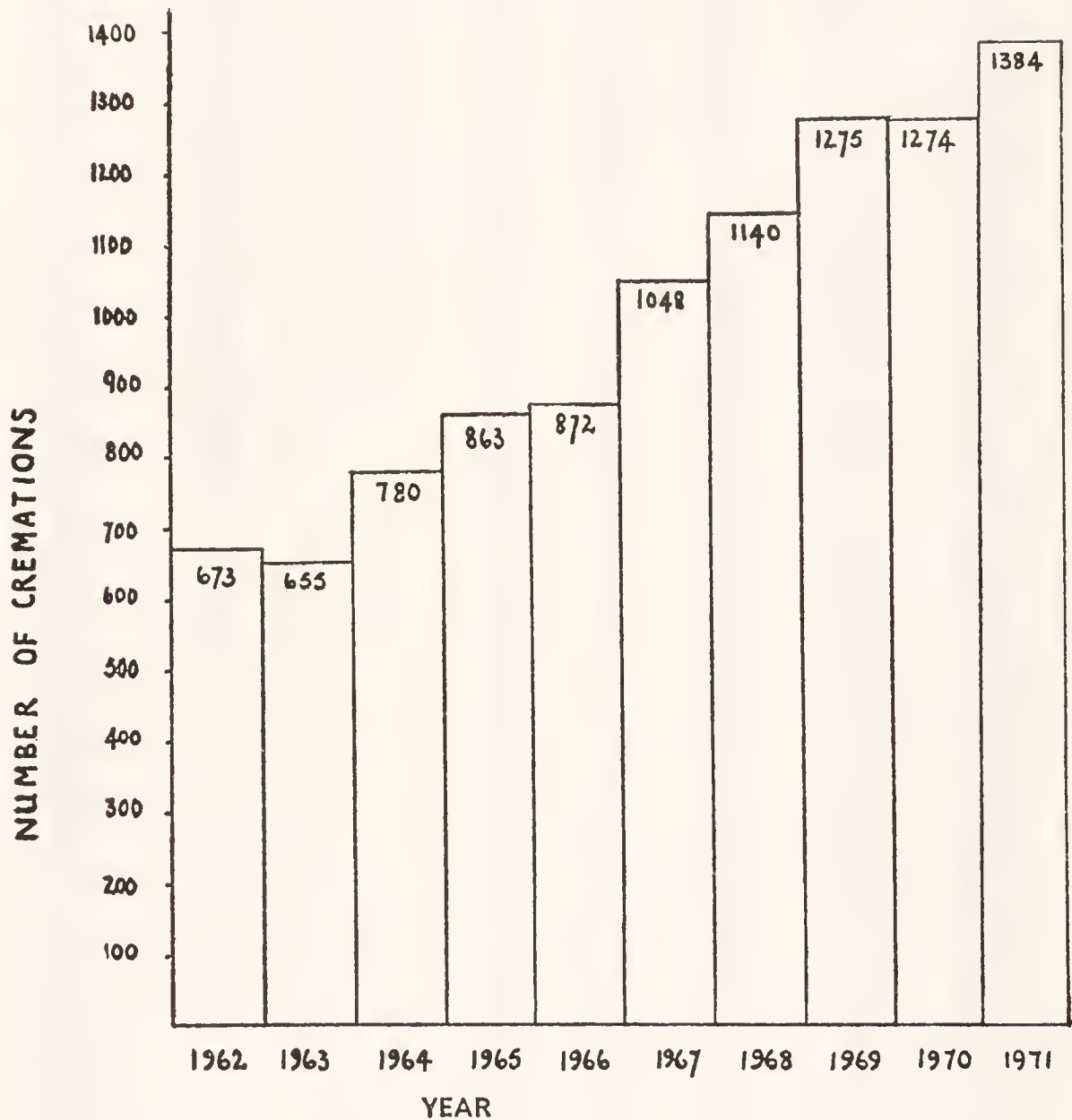
Cause of death	Sex	All Ages	Under 4 wks.	4 wks. and under 1 yr.	Age in years									
					1- 4	5- 14	15- 24	25- 34	35- 44	45- 54	55- 64	65- 74	75 & over	
1. Bacillary Dysentery, Amoebiasis ..	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	1	—	—	—	—	—	—	—	—	—	
2. Enteritis and other Diarrhoeal Diseases ..	M	2	—	2	—	—	—	—	—	—	—	—	—	
	F	1	—	1	—	—	—	—	—	—	—	—	—	
3. Tuberculosis of Respiratory System ..	M	3	—	—	—	—	—	—	—	—	1	1	1	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
4. Late effects of Respiratory T.B. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	1	—	—	—	
5. Other Tuberculosis	M	1	—	—	—	—	—	1	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal infection	M	1	—	—	—	1	—	—	—	—	—	—	—	
	F	1	—	—	1	—	—	—	—	—	—	—	—	
7. Other infective and parasitic diseases ..	M	1	—	1	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	1	—	—	—	—	
8. Malignant neoplasm, buccal cavity, etc ..	M	1	—	—	—	—	—	—	—	—	1	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
9. Malignant neoplasm, oesophagus ..	M	7	—	—	—	—	—	—	—	—	4	2	1	
	F	1	—	—	—	—	—	—	—	—	—	—	1	
10. Malignant neoplasm, stomach	M	24	—	—	—	—	—	—	—	1	6	12	5	
	F	19	—	—	—	—	—	—	—	2	2	6	9	
11. Malignant neoplasm, intestine	M	16	—	—	—	—	1	—	—	—	8	5	2	
	F	22	—	—	—	—	—	—	4	4	9	5	—	
12. Malignant neoplasm, larynx	M	3	—	—	—	—	—	—	—	1	—	2	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
13. Malignant neoplasm, lung, brochus ..	M	58	—	—	—	—	—	2	7	20	21	8	—	
	F	17	—	—	—	—	—	—	3	1	8	5	—	
14. Malignant neoplasm, breast	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	23	—	—	—	—	—	1	2	9	4	7	—	
15. Malignant neoplasm, uterus	M	10	—	—	—	—	1	—	3	2	3	1	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
16. Malignant neoplasm, prostate	M	11	—	—	—	—	—	—	—	2	3	6	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
17. Leukaemia	M	4	—	—	—	1	—	—	—	1	—	1	—	
	F	2	—	—	—	1	—	—	—	—	1	—	—	
18. Other malignant neoplasms	M	33	—	—	—	—	—	—	3	1	9	12	8	
	F	41	—	—	—	1	—	—	2	5	12	13	8	
19. Diabetes Mellitus	M	5	—	—	—	—	—	—	—	1	—	2	2	
	F	3	—	—	—	—	—	—	—	—	—	1	2	
20. Other endocrine, etc. diseases	M	3	1	—	—	—	—	1	—	1	—	—	—	
	F	3	—	—	—	—	—	—	—	—	2	—	—	
21. Anaemias	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	—	—	—	1	
22. Mental disorders	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	—	—	1	—	
23. Meningitis	M	3	—	1	1	—	—	—	1	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
24. Multiple sclerosis	M	1	—	—	—	—	—	—	—	—	1	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
25. Other diseases of nervous system ..	M	5	—	—	—	—	—	—	1	—	2	2	—	
	F	5	—	—	—	—	—	—	—	—	1	3	1	
26. Chronic rheumatic heart disease ..	M	6	—	—	—	—	1	—	—	1	2	2	—	
	F	9	—	—	—	—	—	—	—	2	2	3	2	
27. Hypertensive disease	M	7	—	—	—	—	—	—	—	2	1	1	3	
	F	7	—	—	—	—	—	—	—	—	2	2	3	
28. Ischaemic heart disease	M	217	—	—	—	—	—	—	—	—	—	—	44	
	F	155	—	—	—	—	—	—	—	—	—	—	78	
29. Other forms of heart disease	M	16	—	—	—	—	—	—	—	—	—	—	5	
	F	46	—	—	—	—	—	—	—	—	—	—	37	
30. Cerebrovascular disease	M	76	—	—	—	1	—	—	—	7	19	23	26	
	F	116	—	—	—	—	—	1	2	5	15	32	61	
31. Other diseases of circulatory system ..	M	15	—	—	—	—	—	—	—	—	2	7	6	
	F	27	—	—	—	—	—	—	—	—	2	6	19	
32. Influenza	M	4	—	1	—	—	—	—	—	—	1	—	—	
	F	5	—	—	—	—	—	—	—	—	2	1	2	
33. Pneumonia	M	32	—	2	—	—	—	—	—	2	2	7	19	
	F	50	—	—	2	1	—	—	—	1	1	3	31	
34. Bronchitis and emphysema	M	75	—	—	2	—	—	—	—	—	3	22	31	
	F	30	—	—	—	—	—	—	—	—	3	3	9	
35. Asthma	M	7	—	—	—	—	—	—	—	—	2	1	2	
	F	2	—	—	—	—	—	—	—	—	—	—	—	
36. Other diseases of respiratory system ..	M	6	—	1	—	—	—	—	—	—	1	—	2	
	F	2	—	—	—	—	—	—	—	—	1	1	—	
37. Peptic ulcer	M	7	—	—	—	—	—	—	—	—	1	1	3	
	F	3	—	—	—	—	—	—	—	—	—	—	2	
38. Appendicitis	M	—	—	—	—	—	—	—	—	—	—	—	1	
	F	1	—	—	—	—	—	—	—	—	—	—	—	
39. Intestinal obstruction and hernia ..	M	2	1	—	—	—	—	—	—	—	—	—	1	
	F	2	—	—	—	—	—	—	—	—	—	—	2	
40. Cirrhosis of liver	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	—	—	—	1	
41. Other diseases of digestive system ..	M	4	—	—	—	—	—	—	—	—	—	1	2	
	F	8	—	—	—	—	—	—	—	—	1	1	4	
42. Nephritis and nephrosis	M	4	—	—	—	—	1	—	—	—	—	1	1	
	F	4	—	—	—	—	—	—	—	—	1	1	2	
43. Other diseases, genito-urinary system ..	M	3	—	1	—	—	—	—	—	—	—	—	2	
	F	5	—	—	—	—	—	—	—	—	—	—	3	
44. Diseases of skin, subcutaneous tissue ..	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	—	—	—	1	
45. Diseases of musculo-skeletal system ..	M	2	—	—	—	—	—	—	—	—	—	—	—	
	F	5	—	—	—	—	—	—	—	—	—	—	—	
46. Congenital anomalies	M	3	2	—	—	—	—	—	—	—	—	—	—	
	F	3	1	—	—	—	—	—	—	—	—	—	—	
47. Birth injury, difficult labour, etc. ..	M	2	2	—	—	—	—	—	—	—	—	—	—	
	F	4	4	—	—	—	—	—	—	—	—	—	—	
48. Other causes of perinatal mortality ..	M	4	4	—	—	—	—	—	—	—	—	—	—	
	F	5	5	—	—	—	—	—	—	—	—	—	—	
49. Symptoms and ill-defined conditions ..	M	4	—	2	—	—	—	—	—	—	—	—	1	
	F	5	—	1	1	—	—	—	—	—	—	—	2	
50. Motor vehicle accidents	M	8	—	—	1	1	2	—	1	1	2	—	—	
	F	10	—	—	—	2	3	—	—	1	—	—	2	
51. All other accidents	M	11	—	—	1	1	—	1	2	1	—	2	3	
	F	16	1	—	—	1	—	—	—	1	—	3	10	
52. Suicide and self-inflicted injuries ..	M													

Table 5.
Comparative Annual Numbers and Rates of Births and Deaths.

Year	Population	No. of Births	Rate per 1,000 Living	No. of Infant Deaths	Infant Mortality	Maternal Mortality		Rate per 1,000 Births	Total No. of Deaths	Rate per 1,000 Living
						Diseases and P.F.	Accidents Others			
*1900-04	115,048	3,375	29.34	664	197	5	12	5.04	2,178	18.93
*1905-09	117,106	3,207	27.39	516	161	3	11	4.37	1,934	16.51
*1910-14	118,137	2,804	23.73	423	151	2	10	4.28	1,926	16.30
*1915-19	119,497	2,174	18.19	268	123	3	5	3.68	1,845	15.44
1920	122,133	2,984	24.43	301	101	9	13	7.37	1,659	13.60
1	119,900	2,811	23.44	316	112	7	8	5.34	1,595	13.30
2	120,900	2,482	20.53	242	97	3	9	4.83	1,662	13.75
3	121,700	2,426	19.11	238	98	3	8	4.54	1,676	13.77
4	123,100	2,328	18.91	225	97	5	8	5.58	1,714	13.92
5	122,900	2,174	17.69	286	131	6	7	3.22	1,787	14.54
6	124,200	2,160	17.39	195	90	8	9	7.87	1,596	12.85
7	127,100	1,892	14.88	206	109	3	6	4.77	1,785	14.04
8	127,100	1,916	15.07	175	91	3	9	6.27	1,614	12.69
9	126,100	1,967	15.60	205	104	4	8	6.10	1,772	14.05
1930	126,100	1,975	15.66	145	73	9	4	6.59	1,554	12.24
1	120,100	1,881	15.66	165	88	5	5	5.32	1,661	13.83
2	118,500	1,764	14.89	149	84	4	6	5.67	1,547	13.05
3	117,800	1,720	14.60	150	87	4	3	4.07	1,577	13.39
4	117,490	1,670	14.24	115	69	6	14	11.97	1,611	13.79
5	116,200	1,742	14.99	140	80	3	5	4.59	1,578	13.49
6	115,200	1,663	14.43	138	83	7	8	8.60	1,624	14.43
7	113,600	1,590	14.00	123	77	2	2	2.40	1,614	14.23
8	113,200	1,766	15.60	125	71	3	—	1.62	1,473	13.01
9	112,800	1,713	15.19	100	58	2	4	3.34	1,535	13.61
1940	108,500	1,711	15.77	157	91	2	10	7.03	1,745	13.88
1	111,490	1,925	17.27	137	71	3	4	3.47	1,543	13.84
2	110,000	1,968	17.89	107	54	2	4	2.94	1,506	13.69
3	109,100	1,952	17.89	132	68	2	2	1.98	1,624	14.89
4	108,190	2,032	18.78	120	59	—	1	0.48	1,386	12.81
5	108,480	1,949	17.97	99	51	1	—	0.51	1,514	13.96
6	114,070	2,380	20.86	134	56	—	4	1.68	1,438	12.61
7	116,520	2,574	22.09	178	69	1	—	0.32	1,578	13.54
8	118,130	2,219	18.78	86	39	1	—	0.44	1,491	12.62
9	119,500	2,170	18.16	94	43	1	—	0.45	1,469	12.29
1950	120,300	2,101	17.46	68	32	—	—	—	1,550	12.88
1	118,100	1,962	16.61	68	35	—	3	1.49	1,816	15.38
2	119,200	1,960	16.44	63	32	—	—	—	1,453	12.19
3	118,900	1,914	16.10	63	33	—	4	2.04	1,354	11.39
4	118,400	1,823	15.40	50	27	—	1	0.54	1,407	11.88
5	117,400	1,832	15.60	53	29	—	2	1.07	1,459	12.43
6	117,200	1,843	15.73	55	30	—	1	0.53	1,449	12.36
7	116,200	1,933	16.64	67	35	—	2	1.01	1,445	12.44
8	115,100	1,864	16.19	58	31	—	—	—	1,457	12.66
9	114,200	1,964	17.20	63	32	—	2	1.00	1,409	12.34
1960	113,460	2,023	17.83	64	32	—	1	0.49	1,448	12.76
1	113,170	2,037	17.99	69	34	—	—	—	1,506	13.31
2	112,130	2,210	19.71	64	29	—	—	—	1,421	12.67
3	111,670	2,070	18.54	57	27	—	—	—	1,432	12.82
4	110,390	2,152	19.49	53	25	—	—	—	1,370	12.41
5	109,030	2,031	18.63	51	25	—	—	—	1,338	12.27
6	107,400	1,956	18.21	46	23	—	—	—	1,389	12.93
7	106,010	1,865	17.59	48	26	—	2	1.05	1,285	12.12
8	103,600	1,860	17.95	48	26	—	1	0.53	1,353	13.06
9	102,100	1,772	17.20	44	25	—	—	—	1,434	14.40
1970	100,140	1,776	17.50	46	26	—	1	0.55	1,322	13.70
1	96,790	1,610	16.40	35	22	—	—	—	1,391	15.00

CREMATION

The Medical Officer of Health continued to act as Medical Referee to the Preston Crematorium, with Dr. Carroll and Dr. Dowling acting as deputies.



DEPARTMENT OF EMPLOYMENT

I am grateful to Mr. F. J. Ford, manager of the Preston Department of Employment and Productivity for the following information:

Employment Situation

The percentage rate of unemployment for the Preston travel-to-work area (comprising Preston, Chorley, Bamber Bridge and Leyland) at December, 1971 was 4% compared with 4.7% for the North Western Region and 4.0% nationally, the rate for December, 1970 was 2.2%.

Although in 1971 unemployment was considerably higher and job opportunities fewer, the number of workers placed in employment did not drop as much as might have been expected. There was no large scale recruitment of labour by either existing firms or new firms coming to Preston.

There were further redundancies in cotton, motor vehicle manufacturing, plastics manufacturing, car harness manufacturing and engineering. All redundant workers were offered the full range of the Department's services and many were found new employment as a result.

Employment Services

Five thousand eight hundred and sixty nine persons were placed in employment by the Preston Employment Exchange service, filling 4,077 industrial vacancies, 1,388 commercial, fifty nine nursing and three hundred and forty five senior posts at a professional or executive level.

There has been a further increase in the field of occupational guidance, 1,375 interviews being conducted during 1971 at the Preston Occupational Guidance Unit. Also during the year the department's Preston Disablement Resettlement Officers placed three hundred and seventy two persons in work and arranged Industrial Rehabilitation or Vocational Training courses for fifty seven other persons. The D.R.Os continued to make regular and frequent visits to local hospitals and developed their various contacts with local authority welfare departments and voluntary organisations concerned with disabled persons.

The Nursing Employment Officer continued to assist in the recruitment of nursing staff for hospitals in the area and to interview and advise on the employment problems of nursing staff as required.

General

Administration of the Redundancy Payments Act and the Selective Employment Payments Act over a wide area of Lancashire continues to be centralised on the Preston Employment Exchange. Officers are available to visit and advise employers on all matters concerned with these Acts.

The Department's Local Advisory Committees met throughout the year. The Local Employment Committee (Chairman Mr. A. Cunliffe) considered and advised on various aspects of employment and training; the Disablement Advisory Committee (Chairman Mrs. M. S. Lyons, J.P.) met and advised on problems concerning the resettlement of the disabled.

The following table shows the monthly Preston unemployed register figures for 1971. The percentage rate quoted is for the travel-to-work area.

<i>Date</i>	<i>Men</i>	<i>Boys</i>	<i>Women</i>	<i>Girls</i>	<i>Total</i>	<i>Temporarily Stopped</i>	<i>%</i>
11/ 1/71	1,956	84	242	32	2,314	4	2.5
8/ 2/71	2,053	97	440	178	2,768	459	3.1
8/ 3/71	2,285	112	760	122	3,279	763	3.7
5/ 4/71	2,356	108	368	59	2,891	266	3.3
10/ 5/71	2,297	115	327	37	2,776	168	3.0
4/ 6/71	2,391	92	275	33	2,791	161	3.2
12/ 7/71	2,683	103	328	54	3,168	154	4.0
9/ 8/71	2,785	266	618	104	3,773	387	4.5
13/ 9/71	2,457	188	419	64	3,128	—	3.6
11/10/71	3,008	166	414	45	3,633	650	4.0
8/11/71	3,033	116	434	53	3,636	575	4.0
6/12/71	3,062	114	376	68	3,620	533	4.0

Mr. G. Richardson, the Youth Employment Officer, has supplied the following information, for which I am grateful.

**Number of young persons registered as wholly unemployed on
the second Monday of each month during 1971**

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
January	..	..	71	26	97
February	..	..	62	32	94
March	..	..	80	42	122
April	..	..	84	22	106
May	..	..	95	24	119
June	..	..	77	30	107
July	..	..	73	39	112
August	..	..	195	77	272
September	..	..	145	45	190
October	..	..	129	35	164
November	..	..	97	43	140
December	..	..	98	59	157

Personal Health Services - THE MIDWIFERY SERVICE

Staffing

At the end of the year forty two midwives were practising in the Borough: twenty six, including the supervisory and part-time staff, at Preston Royal Infirmary, six in the General Practitioner Unit, and ten, including the Supervisor of Midwives, in the Domiciliary Service.

Training

The domiciliary midwifery service is approved for Part II midwifery training. Pupil midwives live in a hostel which is in the charge of a resident housekeeper.

The Non-Medical Supervisor and six domiciliary midwives are approved by the Central Midwives Board as district teachers.

A total of twenty four student midwives can be accommodated in the year. The students follow a comprehensive training programme in all aspects of community care. The students are accepted from Sharoe Green Hospital.

Obstetric nurse students also spend a short period with the district midwives, and Part I students from Preston Royal Infirmary have attended mothercraft and relaxation classes.

Care of Mother and Baby

All midwives are attached to general practices for the purpose of booking midwifery cases.

In four group practices in the Borough the midwife works with the General Practitioner in surgery antenatal clinics, and since the Ashton Health Centre was opened in November 1971 these midwives have been attached to the five doctors working from the Centre.

All expectant mothers are examined by a consultant obstetrician at the thirty sixth week of pregnancy and at any other time the need arises. In this way mothers obstetrically at risk are booked for hospital confinement.

After delivery the mother and baby remain in the care of the midwife for fourteen days. During the year 3,703 domiciliary antenatal visits were made by midwives, 4,758 post natal visits were paid to mothers delivered at home, and 5,542 to mothers delivered in hospital.

Home conditions of thirty expectant mothers were investigated on behalf of the maternity hospitals. Home confinements were subsequently arranged in ten of these cases. The district midwives have also followed up clinic defaulters for the hospital.

Three hundred and eight mothers made 1,596 attendances at antenatal clinics.

Ninety six mothers made seven hundred and forty nine attendances to G.P. antenatal clinics.

The Ambulance Service continues to function as a message centre and the midwives work a twenty four hour rota system, one midwife always being on night duty.

I wish to place on record my thanks to the Fire Brigade who assisted with emergency lighting during the electricity power cuts. This was used once for the delivery of a premature infant. The emergency obstetric unit was also called to resuscitate the baby and remove it to the Special Care Unit. Unfortunately the baby had a congenital internal malformation and died.

Results

During 1971, 1,641 babies were born to Preston mothers, three hundred and six were domiciliary deliveries, two hundred and sixty two were delivered by midwives alone, and forty four in the presence of a doctor.

CARE OF THE PRE-SCHOOL CHILD

Although responsibility for the registration and supervision of child minders and playgroups and supervision of day nurseries passed to the Social Services Department on 1st April, the work involved continued to be carried out by members of the health visiting staff of this department throughout 1971.

Registered Child Minders

The number of minders registered at the end of the year totalled one hundred and ninety five showing an increase of thirty six over the previous year.

Only one application for registration was disallowed and this was not because the applicant or the accommodation were unsuitable, but because the applicant refused to attend for chest X-ray.

Pre-School Playgroups

The eight playgroups continued to function as before at Brookfield, Greenbank, Ribbleton and Tulketh centres from 9.30 a.m. to 12 noon, with an average attendance of sixteen children per session.

A seventh registered playgroup was opened in September at Greenlands Labour Club providing places for a further twenty children on two mornings per week.

In November permission was granted for yet a further group to be formed at St. Joseph's Youth Centre. This group functions on Saturday morning, making provision for thirty children.

This brings the total number of places provided by independent playgroups registered with the local authority to two hundred and fourteen.

They are:

Avenham	— Tuesday & Wednesday, Thursday & Friday.
Carey Street Baptist	— Monday, Tuesday, Wednesday & Thursday mornings.
Grasshoppers	— Monday, Wednesday & Friday mornings.
Greenlands	— Wednesday & Friday.
St. Margaret's (Ingol)	— Monday & Thursday afternoons.
St. Michael's	— Tuesday & Thursday mornings.
St. Oswald's	— Monday & Thursday mornings.

Day Nurseries

The average daily attendance at the three Day Nurseries was one hundred and thirty five. The number of places available has remained at one hundred and fifty three.

During the year it has again been possible to admit sixteen "short stay" children, thus relieving temporary family stress i.e. mother's illness or confinement, and in two cases caring for the child whilst the mother attended hospital for psychiatric treatment as an out patient.

The number of children admitted on special grounds has increased. This is due to the admission of twenty three children more than in 1970, whose parents are either divorced or separated bringing the total to seventy five, whilst the number of children of unmarried mothers has remained at fifty one. The number of children admitted on reduced fees has decreased to sixty one, a drop of nine this year.

In July it was necessary to close Hartington Road Nursery for four days prior to Preston Holiday period because of infection.

These occupations of mothers of children admitted to the Day Nurseries have shown a change over recent years. There has been a considerable drop in the number of early morning admissions, due to later starting hours of the changed occupations. This is beneficial to children, especially during adverse weather conditions.

Nursery Students

The demand for places on the Nursery Nurse Training Course held in conjunction with the Education Department is still great.

The participation by the three Day Nurseries in the interchange of students for practical training together with the approved infant schools continued.

In June nine students together with seven from Education Department and two from Dr. Barnardo's nursery at St. Annes were successful in passing their final national Nursery Nurse Examination.

Dental Treatment

The dental inspection and treatment of pre-school children and expectant and nursing mothers has again been adversely affected by the shortage of staff.

The record of treatment completed is shown in a table on page 113.

Ear, Nose and Throat and Ophthalmic Clinics

Details of pre-school age children attending these clinics are given in tables on pages 112 and 113.

Audiology Clinic

The number of new cases attending in 1971 was seventy six. Thirteen children who were seen in 1970, continued to attend for further observation.

Of these children, no one was found to have a hearing loss necessitating special education.

Children requiring further treatment, and observation, were referred to the Ear, Nose and Throat Department, and Speech Therapist, as stated in the table on page 114.

HEALTH VISITING

The staff position although still under strength was not further depleted during the year. There was one retirement, but there were two new appointments—one whole time and one part-time and two students returned from training having qualified as health visitors.

At the end of the year there were twenty four whole-time and five part-time health visitors on the staff leaving nine whole-time and one part-time vacancy.

Management Structure of the Local Authority Nursing Services

In July, 1971 the Health Committee considered the re-organisation of the senior nursing staff following the recommendations of the Mayston Report. It was agreed that a Director of Nursing Services together with two Senior Nursing Officers be appointed. The appointment of a third Nursing Officer was deferred.

Attachment to General Practice

Further progress was made in relation to the attachment of health visitors to general practice. With the opening of the town's first Health Centre in Ashton Park four health visitors were immediately attached to five general practitioners. The opening of the Health Centre proved beyond doubt, how far co-operation can go and how much can be achieved when the team—doctors, health visitors, midwives and district nursing sisters are housed in one building with ample facilities for work and discussion. The informal atmosphere of the staff common room has done much to foster the excellent relationships which exist.

Health Visitors are now attached to a total of twenty general practices making communication easier and understanding better, resulting in a service of greater value to the patient.

The only drawback to attachment to general practice, if it can be referred to as a drawback, is that it is expensive on staff. Not only does the work increase within the practice, but the health visitor has less time available for other work within the Department, e.g. health clinic duties, within the school health field, because the practice work takes priority. This, together with the increasing link with the hospitals in the field of diabetes, tuberculosis, paediatrics, geriatrics and psychiatry together with the emphasis on community care, calls for an increase in the staff establishment. These links are being forged with a view to the integrated service which will become operative in 1974 and such exchange of ideas should encourage this integration which will be fostered by the advent of Area Health Authorities.

Scraper Testing of the New Born

In May 1971 routine blood testing of new born infants for certain errors of metabolism was introduced. This, known as the Scraper test, is carried out by health visitors when the infant is ten to fourteen days of age and replaces the "nappy" test for phenylketonuria. The test is also carried out by hospital staff on infants remaining in hospital after the tenth day. The blood test is more reliable than the urine test and detects conditions other than phenylketonuria which may also be associated with mental retardation. The blood samples are tested at the Willink Biochemical Laboratory, Royal Manchester Children's Hospital, Pendlebury, Manchester. No new case of phenylketonuria in Preston was recognised during the first eight months of the scheme.

Physically Handicapped

The social aspects relating to the care of the physically handicapped will, when arrangements are completed, become the responsibility of the Social Services Department, but where there is a nursing or medical aspect the Health Department will continue to be deeply involved.

The aids which assist in the nursing care of patients continued to be loaned, and also because of incomplete reorganisation, aids which assisted in the socialisation of patients also, but the latter will become the province of the Social Services Department.

Some one hundred and twenty aids of varying types were loaned during the year and nine hundred and twenty four visits were paid by health visitors to patients in their own homes.



ASHTON HEALTH CENTRE — TREATMENT ROOM



BLOOD COLLECTION FOR SCRIVER TEST

Over Sixties Clubs

The three clubs—Ribbleton opened in 1962, Greenbank opened in 1964 and Brookfield opened in 1966 continued to meet a social need in the areas covered. The membership is forty, forty six and fifty six respectively and the average attendance at all three clubs is extremely good.

The activities are varied—film shows, lectures, whist and bingo drives, day outings and Xmas parties. The Ribbleton club spread their wings and members spent a week in the Isle of Man in June.

The true value of the clubs is that members have something to look forward to, interests and activity are provided, and there is an opportunity to share confidences. All this enables them to have a cheerful outlook and prevents them from becoming totally housebound.

Parents Clubs

In these days when there are so many outside attractions in the form of entertainment and such considerable emphasis on material things, it is to the credit of the health visiting staff concerned that, over the years, they have successfully competed with these pressures. The clubs have continued to have considerable support largely because of the interesting and varied programmes of activities. Cookery demonstrations, dressmaking, making of soft toys, fire prevention, the drug problem, floral arrangements, and the postal services are some examples of the subject covered—all are of interest and educational value to the young housewife and mother.

HOME NURSING

The staff establishment was maintained during the year. Four nurses left the service. One to take a hospital post, one to join her husband abroad, one to undertake the Health Visitor training and one for domestic reasons. As we had a waiting list of nurses waiting to practice district nursing, these vacancies were soon filled.

The demands for the service continue to increase. Because of the shortage of available nurses only the most urgent and serious cases were able to be visited.

During the year, 3,073 patients received 88,199 visits—of these 2,269 were new patients. In addition to the above, four hundred and forty one patients received 1,425 treatments in the doctor's surgeries of three Group attachments.

One thousand six hundred and twenty nine visits were paid to eighty two children under the age of five years. The number of patients over the age of sixty five totalled 1,718 and 59,091 visits were paid to these patients. More than 50% of the total number of visits made by the nurses are to this age group.

General Practitioner Attachment

Prior to the opening of the Health Centre at Ashton four nurses were working within group practices. When the Centre was opened three nurses were immediately attached to five general practitioners. Of the group attachments three of them have treatment rooms in the doctors' surgeries. During the year, 1,425 treatments were carried out on four hundred and forty one patients who attended the surgeries. There is a treatment room in the Ashton Health Centre and in the first two months two hundred and eighty treatments were given to one hundred and eighty four patients.

This is greatly appreciated by the patients, it enables them to have immediate treatment and allays the fears and apprehension of waiting for the district nurse to call.

The evening clinic is still held at Saul Street Health Clinic, Monday to Friday, from 5.15 p.m. until 7 p.m. During the year, forty four patients attended the clinic. Nine hundred and sixty injections were given. The majority of people attending this clinic are patients who have returned to work following sickness and have to continue chemotherapy treatment.

Laundry Service

This service continues to be provided from the laundry at the Civic Hostel. In spite of the modern washing machine and local laundrettes, some relatives still have difficulty in maintaining an adequate supply of clean, dry, bed and personal linen which is required for the efficient nursing and comfort of incontinent patients. During the year, thirty two patients benefited from this service.

WELFARE AND MENTAL HEALTH

I am grateful to the Director of Social Services for the following report of work undertaken in the community.

Mental Illness. Mental Health Act, 1959

Number of persons admitted to hospital in the year.

					Males	Females
Section 5 (Informal)	..	..	..	..	69	80
Section 25 (Observation)	..	..	..	..	24	38
Section 26 (Treatment)	..	..	..	..	2	1
Section 29 (Emergency)	..	..	..	..	23	28
Section 60 (Hospital Order)	..	..	..	..	1	1
					<hr/> 119	<hr/> 148

At the request of the consultant psychiatrists and psychiatric hospitals, seventeen visits were made, and reports submitted on home conditions and family histories.

During the year, fifty men and sixty seven women, discharged from hospital were supervised by the mental health staff by arrangement with general practitioners and the patient; a further ninety nine men and one hundred and ninety nine women were visited at the request of the psychiatrists, general practitioners or other agencies, 2,261 visits being made for this purpose. In addition six hundred and eighty two office interviews took place in connection with mental illness.

The mental health staff have continued a most active liaison with the psychiatrists at the out-patient clinic, Sharoe Green Hospital by frequent case conferences and discussions.

An excellent co-operation with the psychiatrists and staff at Whittingham Hospital continued throughout the year with consultations and discussions regarding the welfare and treatment of patients in hospital and after discharge to the community. The same relationship between hospital and local authority staff continued in respect of female patients in the Psychiatric Unit at Sharoe Green Hospital.

The mental health staff visited patients on the wards at both Whittingham and Sharoe Green Hospital to discuss individual problems.

The integration of persons recovering from mental illness with persons with physical handicap continued to prove successful at the Social Centre for Handicapped Persons and both join in activities at the Centre, and attend concerts and social evenings held during the winter months and outings arranged during the summer.

Mentally Handicapped

During the year, two male and two female cases were reported.

The number of mentally handicapped and severely mentally handicapped persons on the authority's register on 31st December, 1971 was five hundred and forty four, as follows:

	Males	Females
In care of local authority	188	161
In hospital	107	88
	<hr/> 295	<hr/> 149

Domiciliary Care

During the year, five hundred and thirty four home visits were made by the mental health staff and one hundred and seventy five office interviews took place regarding the mentally handicapped, and seven investigations regarding home and social conditions were made at the request of medical directors of hospitals for the mentally handicapped.

During the year, four males and ten females were admitted to hospital for a period of short term care.

Youth Club

The Youth Club continued to be held at the Handicapped Persons Centre, Deepdale Road, every Friday evening, organised by the Preston Branch of the National Society for Mentally Handicapped Children, with a regular good attendance of members.

Adult Training Centre

	Males	Females
Number in attendance on 1st January, 1971 ..	47	30
Number admitted during year	20	12
Number discharged during year	12	7
Number in attendance on 31st December, 1971 ..	55	35

During the year, three students from Bolton Technical College attended the Centre, and one from the Harris College of Preston for three weeks teaching practice.

Visits of observation were made by parties of senior pupils from Brockholes Academic School, Blessed John Southworth School and Park School, as part of their social studies programme.

A sister tutor, Preston and Chorley Hospital Management Committee, together with six nurses from the midwifery course, also visited the Centre.

Three girl pupils from St. Thomas More School assisted in the workroom on several Wednesday afternoons throughout the year.

A visit to the centre was made by the Social Services Committee.

The manager attended the National Association for Mental Health Refresher Course at Stockwell College, from 16th to 19th September.

The Christmas Party was held on the 23rd December.

The manufacture of park seats, stool frames, clothes props, seed boxes, together with other miscellaneous items, has continued in the woodwork shop.

Chain link fencing and wire coat hangers continued to be the main output in wirework.

The demand for flags, walling blocks, path edgings and similar concrete products continues to increase, and in addition to standard supplies a number of special orders have been executed. Contract work is also carried out.

Instruction in baking, laundering, machine sewing, and general domestic subjects has continued throughout the period.

Hostels

On the 31st December, 1971, Brookfield, Ribbleton and Burnett House Hostels, were fully occupied, and of the twenty eight residents, six females and one male were in outside employment, and the remainder attended the Adult Training Centre daily.

During Preston Holidays, a party of twenty spent an enjoyable week at Blackpool, six went on a holiday to Austria, and two residents went on holiday independently.

WHITTINGHAM INQUIRY

Whittingham Hospital, one of the largest psychiatric hospitals in the country is the main unit to serve the clinical requirements of mental illness of Preston County Borough. Towards the end of 1969 allegations of ill treatment of patients, fraud, maladministration and suppression of complaints were made to the Secretary of State. A special audit and police investigation led to the conviction of two male nurses. Shortly after, another nurse was charged with murder and convicted of manslaughter of a patient. Early in 1971 the Secretary of State set up an enquiry under Section 70 of the National Health Service Act, 1948, and Section 143 of the Mental Health Act, 1959.

The proceedings of the inquiry attracted a great deal of attention, particularly from the local press. Overmuch emphasis was given in reporting to the lurid accounts of criminal acts, and insufficient to the serious problems of understaffing, poor facilities and inadequate community support. Individual crusaders emerged who had little to offer in sound constructive planning to improve conditions.

The excessive publicity with its distorted emphasis on the sadistic, seriously damaged the reputation of the hospital and its staff and undermined the confidence of patients. The proportion of compulsory admissions to voluntary, increased. This depression was short lived, at the time of writing confidence is restored. The new Management Committee, supported by the Regional Board, have made vast improvements. Staff increases have been achieved. Closure of bad areas and upgrading of others with an "open door" policy have transformed the whole atmosphere of the hospital. Coupled with the introduction of a sound medical policy these changes have produced in a very short space of time a model of reorganisation, a credit to all those involved in this difficult task. The great pity is that this effort is not matched by the supportive services of the local authorities in the catchment areas. Comprehensive community support is desperately needed.

Most of the problems of the hospital were from its age, its enormous size, its gross understaffing, and its relative isolation from the community. Of the main buildings St. Lukes is practically one hundred years old, St. Johns ninety four, Cameron House seventy two, and St. Margarets was built in 1914, at the same time as the one hundred bed Ribchester annexe. Over the last twenty years the bed complement has fallen from 3,200 to roughly 2,000. At present over half the patients are geriatric cases. Very many of them do not require hospital care and should be in the community. This cannot be achieved until the local authority hostel and after care services are radically improved.

When the Committee of Inquiry, which was under the chairmanship of Sir Robert Page, arrived in Preston they were contacted and given the facilities to visit the health department and speak freely to any member of the staff and to examine any relevant correspondence with the hospital or any appropriate documents. Various interviews took place and written evidence was submitted by the Medical Officer of Health. The newly appointed Director of Social Services was also interviewed. A short extract of the written evidence follows:

EVIDENCE RELATING TO COMMUNITY HEALTH SERVICES

The following information relates to the hospital's main catchment area—Preston County Borough.

1. (a) The number of old people's homes—4. Two further homes will be opened this year.

At one time plans were made for the development of a specialist home at Sharoe Green to take mentally disturbed psycho geriatric cases, but the policy has been changed and it is now intended that these psycho geriatric cases shall be distributed through the number of smaller hostels that are programmed to replace the large civic hostel which is an old national assistance institution, at one time housing three hundred and fifty persons, but now being run down with a view to complete closure in 1973/4, being replaced by a series of thirty six/forty bed hostels.

- (b) The number of places in relation to population—There are three hundred and eighty places serving a population which in mid year 1970 numbered 100,140.
 - (c) The programme over the next five to ten years—A further four small hostels are proposed for the elderly as part of the immediate programme leading up to the closure of the civic hostel.
In addition, a small hostel, North Road, is to be built in 1972/3 to take young mentally disturbed discharged patients from Whittingham and Sharoe Green. In addition, modifications to the Adult Training Centre are being carried out shortly to provide for more places for more seriously handicapped persons, and to provide two small rehabilitation flats. These flats are for the purpose of training persons passing through the Adult Training Centre in self support in the community. At present a difficulty is met, that although persons discharged from hostels have received training in the Adult Training Centre in simple domestic matters, the step to living independently is too great, and they sometimes have to return to the more sheltered environment provided by the local authority. By having a period in their own flat under supervision the size of the step between hostel and the community is minimised, and thus should enable the rehabilitation of psychiatric patients and subnormals into full community independence to be achieved more readily.
2. The number of hostels and places for the mentally ill—There are three hostels, two with ten places each, and one with eight, primarily intended for subnormals, but taking a small number of mentally ill patients in the recovery stage. The additional hostel mentioned under 1(c) is to take ten to fifteen places. This would be the start of a comprehensive programme of community care for discharged patients. The aim is to make the hostels a step in rehabilitation back to independence rather than long stay accommodation.
 3. The number of Day Centres and places for the mentally ill—There is one adult training centre taking eighty persons, at the moment fifty male and thirty female. Again the predominance is in favour of subnormality, but mentally ill patients are taken also, as are persons with physical handicaps in combination with their mental disabilities. It is planned to expand this centre immediately and in the long term rolling programme to provide a similar centre elsewhere in the developing new town.
 4. The number of Group Homes and places—There are no group homes for mental cases other than the hostels.
 5. The numbers of Social Work staff—It is difficult to answer this question appropriately. At present the department is in a state of change from administration by the Health Department to that of the newly created Social Services Department. In this department there are three senior social work officers, and approximately twenty six other social work personnel, with four trainees. This is under review.

At present the Director of Social Services has not been able to take over the whole of this department, and does not anticipate this being achieved until August. At present a slow transition is taking place. Consequently, although it is envisaged that in the future there will be generic case workers, with specialists in mental health work, at present the mental welfare officers are working as before. These are the senior mental welfare officer and three mental welfare officers. Although the names of these posts have now been changed in the new administration of the social services, functionally their role is as yet unchanged.

LIAISON BETWEEN WHITTINGHAM HOSPITAL AND PRESTON CORPORATION HEALTH DEPARTMENT, AND MORE LATTERLY, SOCIAL SERVICES DEPARTMENT

The professional liaison between the hospital staff, that is, doctors, nurses and medical ancillaries, and the local authority doctors and social workers (mental welfare officers) is one of close mutual co-operation based on longstanding association at a personal level of friendship and co-operation.

In addition to committee attendances as medical officer of health, I have been warmly welcomed to the professional, semi-professional and social functions at Whittingham, and have always accepted these invitations wherever possible.

I have had free access to see patients, as have my mental welfare officers, and have been impressed by the extent of co-operation and the degree of personal effort that has been made by all concerned in dealing with the welfare of the patients.

As will be appreciated, with the large staff in the hospital the number of persons contacted has necessarily been limited to include the medical staff, the senior staff and those dealing with acute admissions.

On the other hand, for every patient discharged, a personal letter goes to his or her doctor, a copy of which comes to me as medical officer of health, so that follow up where necessary can be carried out by the social work staff.

I have personally discussed their experiences at Whittingham with a small number of patients, as have my mental welfare officers with many more. Until the advent of the publicity associated with the inquiry no adverse comment has been made either to myself or the mental welfare officers.

Staff training

As medical officer of health, I am a member of the Whittingham Nurse Training Committee, and on this committee am represented by my Deputy, Dr. Carroll.

Although it might appear on record that our attendances at committee meetings have been few, a great deal of work has been done between the hospital and my department in this field.

Student nurses for many years have as part of their day visiting come to the mental health section of the Health Department and accompanied the mental welfare officers on their visits in the community. During the course of June to September of this year twelve student nurses will be coming for such visits. In addition, from time to time, mental welfare officers from the department have given lectures to students and hospital staff.

In-service training pilot schemes

In October, 1969, a pilot scheme was started by which a district nurse, health visitor and mental welfare officer exchanged with three members of the hospital nursing staff for a period of three weeks. Each visited the departments of the opposite authority and pursued detailed study on a basis of day to day work and observation and discussion with the staff concerned.

The planning of the work undertaken was discussed in detail with senior staff of the hospital and the mental welfare officers, and a policy was formulated which it was felt would be successful when continuing similar schemes, and with a view to placing this type of interchange on a permanent basis to be extended to other members of the staff, both of hospital and local authority. The intention was that when the scheme was developed application for recognition to the Royal College of Nursing would be made. With the strained circumstances relating to the inquiry, as can well be understood, further interchange has been in abeyance, but as soon as opportune this scheme will be pursued vigorously.

In addition, plans have been made for the interchange of our residential staff at the hostels, the staff at our school for severe subnormality (previously Junior Training Centre), our Adult Training Centre, and it is hoped that when the new hostel in North Road for discharged mentally disturbed persons opens, that prior to its opening, and further on a permanent basis, the residential staff will visit the hospital and be able to see firsthand the problems and difficulties met by the patients who are to be discharged, and to form a bridge for these patients between the hospital and the community.

After-care by the Local Authority

Referrals by the Consultant Psychiatrists of patients requiring aftercare by the mental welfare officers on discharge from hospital or while attending the out-patient clinic at Sharoe Green Hospital in the years:

	1968	1969	1970
No. referred	248	170	118
No. of domiciliary visits made by mental welfare officers	2,606	3,591	3,755

(these figures include visits to patients referred from other sources, e.g. general practitioners, police, relatives and other agencies).

In 1970 the consultant psychiatrists did *not* refer the number of patients, owing to their knowledge of the shortage of mental welfare officers in the authority. During the years quoted the staff of the local authority (mental welfare officers) was:

1968	1969	1970
Mental Welfare Officers $3\frac{1}{2}$	Mental Welfare Officers $4\frac{1}{2}$	Mental Welfare Officers $3\frac{1}{2}$
Trainee 1	Psychiatric Social Worker 1	Psychiatric Social Worker 1
(Senior Mental Welfare Officer on sick leave for 12 months)	Trainees $1\frac{1}{2}$	Trainee 1

To run an adequate aftercare service in this authority and to cope with hospital admissions I would say that six experienced social workers in the field of mental health are necessary.

No. of admissions to hospital arranged by the mental welfare officers in:

1968	1969	1970
299	301	268

WHITTINGHAM MEDICAL ADVISORY COMMITTEE ATTENDANCES BY PRESTON C.B. STAFF

<i>Date of meeting</i>	<i>Persons attending meeting</i>
7th March, 1969	Dr. Fairfax, Medical Officer of Health.
28th April, 1969	Dr. Fairfax, Medical Officer of Health.
30th May, 1969	Dr. Purdom, Acting Deputy Medical Officer of Health.
4th July, 1969	Dr. Purdom, Acting Deputy Medical Officer of Health.
5th September, 1969	Dr. Purdom, Acting Deputy Medical Officer of Health.
24th October, 1969	No one from Preston C.B.
5th December, 1969	Dr. Fairfax, Medical Officer of Health.
20th February, 1970	No one from Preston C.B.
10th April, 1970	Dr. Fairfax, Medical Officer of Health.
22nd May, 1970	Dr. Purdom, Acting Deputy Medical Officer of Health.
26th June, 1970	Dr. Purdom, Acting Deputy Medical Officer of Health.
4th September, 1970	Dr. Fairfax, Medical Officer of Health.
12th October, 1970	Dr. Fairfax, Medical Officer of Health.
27th November, 1970	Dr. Fairfax, Medical Officer of Health.
8th January, 1971	Dr. Fairfax, Medical Officer of Health.
19th February, 1971	Dr. Carroll, Deputy Medical Officer of Health.
12th March, 1971	Dr. Carroll, Deputy Medical Officer of Health.

No. of attendances:

Dr. Fairfax	—	8
Dr. Purdom	—	5
Dr. Carroll	—	2

IN-SERVICE TRAINING PILOT SCHEME WHITTINGHAM HOSPITAL and PRESTON COUNTY BOROUGH HEALTH DEPARTMENT

A pilot scheme relating to the interchange of staff between hospital and local authority was carried out over a period of four full weeks starting 6th October, 1969.

The staff involved were senior members:

Hospital

- (i) a senior assistant matron;
- (ii) a male charge nurse;
- (iii) a deputy sister (female).

Local Authority

- (i) a health visitor;
- (ii) a mental welfare officer;
- (iii) a district nurse.

Briefly, the experience offered was as follows:

Hospital

- (i) Acute admissions.
- (ii) Psycho geriatrics.
- (iii) Mother and baby unit.
- (iv) Discharge of patients—particularly those suitable for hostel accommodation and employment.

Health Department

- (i) Care of the elderly patient at home.
- (ii) The work of the health visitor in relation to the subnormal mother with young children/the normal mother with a mentally retarded child.
- (iii) The deaf child.
- (iv) The day nursery.
- (v) The junior and adult training centres.
- (vi) Hostels for the mentally handicapped.
- (vii) Domestic help service.

Following the pilot scheme a meeting was held to discuss its value and the following recommendations were made:

- (i) Future schemes to be of one week duration.
- (ii) Observation visits be limited to those found to be of most value.

Local Health Authority Staff

- (a) Mother and Baby unit.
- (b) Unit for the deaf.
- (c) Wards accommodating acutely ill patients.
- (d) Rehabilitation Centre.
- (e) Staff discussion groups.
- (f) Opportunity to learn more about drugs—their side effects.

Hospital Staff

- | | |
|-------------------------------|---|
| (a) Home help service. | } With
particular emphasis
on
home visiting. |
| (b) District nursing service. | |
| (c) Health visiting service. | |
| (d) Mental health service. | |

Other recommendations

- (i) Quite apart from any in-service training, it was suggested that the psychiatric trained nurse should be allowed to visit certain patients in the home along with the Mental Welfare Officer/Health Visitor or District Nurse.
- (ii) Health Department staff should have the opportunity to make the acquaintance of the patient in hospital prior to discharge.
- (iii) Health Department staff be invited to attend staff discussions on patients being considered for discharge.

AMBULANCE SERVICE

The table shows the number of patients carried by the Ambulance Service during the year 1971 with a comparison of those carried in 1970. A total of 47,006 were transported in 1971 and 60,389 during 1970, a reduction of 13,383. This is accounted for by a reduction of 15,253 Local Authority patients, now the responsibility of other departments, and an increase of 1,872 Section twenty seven patients.

Training

The policy of sending members of the service on training courses has continued. During the year, thirteen men attended a Basic Training Course of two weeks duration, two men attended a two week refresher course and one man attended a six week training course for new entrants. The two week Basic Training Courses were for men with over five years service who had not previously attended an approved training course. The two week refresher course was for two men who had previously attended a six week course on an experimental basis. All these courses were at the Lancashire Ambulance Service Training School at West Leigh, Lea. All passed.

One ambulanceman attended a two week Instructors Course organised by the Department of Health and Social Security at the Cheshire Ambulance Training School at Wrenbury Hall, Nantwich, Cheshire, but did not reach the required standard. Applications were invited from members of the Service to attend a similar course in 1972. One application has been received and this man will be recommended for nomination.

Vehicles

A new ambulance was delivered during the year to replace ambulance TCK 207 which had been "written off" as unroadworthy in 1970. Two new sitting case cars were also received during the year to replace two sitting case cars disposed of in 1970.

At the present time there are seven ambulances and five sitting case cars in service. The sitting case cars are all van conversion and eminently suitable for the conveyance of sitting case patients who are fully ambulant. It is likely, however, that future needs will show an increase in the number of patients needing to be lifted into vehicles by two men. The opening of a Geriatric Day Hospital at Sharoe Green is an example and to cater for this type of patient it is likely that a dual purpose ambulance, suitable for the conveyance of stretcher and sitting case patients, with sufficient roof height to enable patients to be lifted into the vehicle safely and conveniently, will be required.

One ambulance and one sitting case ambulance will be required to be replaced during 1972 and in this connection it is suggested that the sitting case car HRN 522G be replaced by a purpose built dual purpose vehicle to seat seven, or one stretcher and three sitting case patients.

A new wing for psychiatric day patients is under construction at Sharoe Green Hospital which will increase the number of patients carried daily from the end of 1972.

A report by the O. & M. Section on the Ambulance Service was submitted during the year but parts of this, affecting proposed bonus, rates of pay and overtime rates were rejected by the staff. Discussions are continuing with the O. & M. Section.

Radio Equipment

An order was placed for the supply of new F.M. V.H.F. six channel radio equipment for the Ambulance Service. At the time of writing this has now been installed and in satisfactory operation.

A new base station has been installed on the roof of Northumberland House, a multi-storied block of flats in Moor Lane, with a radio aerial on one of the highest available sites in the Borough, operated by remote control from the existing ambulance station control room. All ambulance vehicles will be fitted with six channel radio transmitter/receivers with "talk through" facilities enabling the crew of one ambulance to transmit direct to the crew of another vehicle on request.

Channel one is for routine work in this area, the remaining five to be crystallised on other frequencies as required.

The control transmitter to be two channel, channel one for routine work, channel two to monitor an emergency reserve channel as other authorities re-equip, ultimately giving a national radio cover for emergency transmission.

It is proposed to equip seven ambulances with personal radio, enabling the crew to remain in radio contact at all times, e.g. from multi-storey flats, docks, bus station, railways, etc., on the same V.H.F. frequency as vehicle's radio.

Tests have shown that the main station can give good communication well beyond the new town area, to include most parts of Lancashire, the personal radio of up to eight miles radius.

Table 6.

Month	Total Work Load			Local Authority Work
	Patients Carried		Mileage	Patients
	Stretcher	Sitting Cases		
January	1,283	2,379	12,166	222
February	1,251	2,198	10,875	242
March	1,404	2,849	13,163	383
April	1,267	2,701	11,499	219
May	1,292	2,564	13,129	360
June	1,240	2,714	12,986	347
July	1,364	2,416	13,109	193
August	1,273	2,225	12,672	156
September	1,385	2,566	13,204	302
October	1,324	2,765	13,516	334
November	1,381	2,942	13,913	306
December	1,546	2,677	12,991	344
Total (1970)	16,010 (13,575)	30,996 (46,814)	153,223 (172,686)	3,408 (18,663)

National Health Service

EXECUTIVE COUNCIL FOR THE COUNTY BOROUGH OF PRESTON

I am grateful to Mr. C. Webster, Clerk of the Executive Council for the following information:

Medical Services

The number of patients registered on doctor's lists at 1st January, 1972, was 104,072. Medical Services were provided by seventy two practitioners, forty nine of whom were the responsibility of the Council, and sixty three of whom were also included in the Council's Obstetric List for the provision of Maternity Medical Services.

The total gross payments for General Medical Services for the year ending 31st March, 1972 was £387,473.56.

Pharmaceutical Services

On the 1st January, 1972, there were thirty four Chemists' establishments on the Council's Pharmaceutical List for the supply of medicines and appliances, and eight contractors for the supply of appliances only. The Council's Rota Service Scheme providing for establishments in different parts of the town to be open for one hour each evening after the normal hour of closing, except Saturday, and one hour each Sunday, Local and Bank Holidays, continued to operate satisfactorily throughout the year.

During the year twenty one test prescriptions were taken, all of which were satisfactorily dispensed.

The total cost for the supply of medicines and appliances amounted to £514,008.36 of which charges paid by patients amounted to £57,253.50.

The amount paid for Rota Services was £1,641.50.

735,943 prescriptions were dispensed by Chemists during the year.

Dental Services

At 1st January, 1972 there were thirty one Dental Practitioners on the Council's Dental List. The total cost for the supply of dental appliances, extractions and conservative treatment was £309,684.98 of which charges paid by patients towards such treatment amounted to £72,323.55.

Ophthalmic Services

At 1st January, 1972, there were four Ophthalmic Medical Practitioners, twenty firms of Ophthalmic Opticians and one firm of Dispensing Opticians on the Council's Ophthalmic List. 25,649 applications for glasses were received during the year, as compared with 25,709 the previous year. Of the number of sight tests provided, 17,970 cases were supplied with glasses under the National Health Service. Applications for replacement or repair of glasses totalled 747, of which 529 were approved.

The total cost to the Council for this branch of the Service was:

Sight Testing	£35,823.46
Supply and Repair of Glasses	£63,414.32
Less Paid by Patients	£51,491.46
	<hr/>
	£47,746.32
	<hr/>

Epidemiology

A. NOTIFIABLE DISEASES

The number of cases of notifiable diseases occurring in 1971 compared with 1970 are shown in the table below:

<i>Diseases</i>	<i>Notified Cases 1970</i>	<i>Notified Cases 1971</i>
Anthrax	—	—
Diphtheria	—	—
Dysentery	73	114
Encephalitis	—	—
Food Poisoning	41	38
Infectious Hepatitis	135	53
Leprosy	—	—
Leptospirosis	—	—
Malaria	—	1
Measles	783	54
Meningitis (Acute)	2	3
Ophthalmia Neonatorum	1	—
Paratyphoid Fever	—	—
Poliomyelitis (Acute)	—	—
Scarlet Fever	43	71
Smallpox	—	—
Tetanus	—	—
Tuberculosis (Respiratory)	41	30
Tuberculosis (Non-Respiratory)	20	14
Typhoid Fever	—	—
Whooping Cough	46	28
Yellow Fever	—	—

The incidence of notifiable diseases in 1971 was less than in 1970 with the exception of dysentery and scarlet fever.

Dysentery

There were one hundred and fourteen notifications of dysentery in 1971 but only forty one of these had positive bacteriological findings with *Shigella sonnei* in thirty eight of these cases.

In March 1971 there was an outbreak of *sonnei* dysentery in Stoneygate Nursery School in which thirty one children were affected. In general the illness was mild. There were no deaths.

Food Poisoning

Thirty eight cases of food poisoning all due to salmonella organisms were reported during the year with one general outbreak.

The general outbreak occurred in September 1971. The causative organism was *Salmonella typhimurium* phage type 1a and the vehicle of infection was milk. People living in and around Preston County Borough were affected. There were twenty notifications from within the borough. In addition to the general public, patients

and staff in four hospitals in the area were affected—mainly Preston Royal Infirmary, Sharoe Green Hospital, Fulwood Continuation Hospital and the Willows Continuation Hospital.

The first isolation of *Salmonella typhimurium* was from a patient at Fulwood Continuation Hospital. Combined extensive investigations were carried out by Preston County Borough, Division 4 of the Lancashire County and the Public Health Laboratory in Preston. Finally the source of infection was traced to a dairy farm in Goosnargh which had a contract to supply milk to the hospitals in the area, Milk Marketing Board and the Preston Dairy.

Infectious Hepatitis

There were fifty three notifications of infectious hepatitis during 1971 compared with 135 in 1970. The cases were distributed throughout the year (Table 7) and were not concentrated in any one area of the town. Eight of the patients were secondary cases within a household, while in two cases infection from a neighbour was likely. Less than half of the cases were children and in the main these were over ten years of age. No school had more than two or three cases.

While the severity of the illness was in the main mild, there were a few cases with jaundice and symptoms extending over a few weeks. For eleven cases a previous attack was reported.

The diagnosis of serum hepatitis was considered a possibility in two cases, both aged twenty years. Blood tests supported this diagnosis in one of them, a female. The other patient, a male, however, left the town before investigations could be undertaken. In both these cases it was not possible to exclude drug taking by self-injection with its attendant risks of infection. Certainly the "hippie" way of life adopted by these two patients aroused suspicions and has merited further follow up of one of them whose association with drug takers is acknowledged.

There were no deaths from infectious hepatitis notified during the year.

Table 7.
Notified cases of Infectious Hepatitis.

Year	No.	Month	1968 No.	1969 No.	1970 No.	1971 No.
1957	18					
1958	68	January ...	1	28	12	3
1959	262	February ...	—	22	32	6
1960	178	March ...	4	34	20	9
1961	58	April ...	1	52	6	8
1962	35	May ...	5	88	9	4
1963	44	June ...	2	39	5	2
1964	32	July ...	9	29	8	5
1965	28	August ...	10	44	3	1
1966	23	September ...	7	39	7	—
1967	65	October ...	7	54	11	8
1968	52	November ...	5	36	12	3
1969	482	December ...	1	17	10	4
1970	135					
1971	53					

Malaria

One case of malaria was reported in 1971. This was an Indian male about seventeen years of age. Malaria was contracted when he was in India and obviously was not completely cured when he arrived in this country in January 1971.

Soon after he arrived in Britain he became ill and had fever off and on for a period of about three months. In September 1971 he was admitted to Deepdale Hospital where his illness was diagnosed for the first time as malaria. After a few days of treatment he was completely cured and discharged from hospital.

Measles

There were fifty four cases notified during the year. Of these thirty nine were under the age of five years and seventeen one year of age. In Preston, like in many other parts of the country, measles usually occurs in biennial outbreaks. Although 1971 was a year for an expected low incidence of measles, the fifty four cases reported in Preston during that year was the lowest ever recorded during the last ten years. This significant reduction in the incidence of measles can be attributed to the effects of measles immunisation.

There were three children who required hospital admission on account of measles. There were no deaths.

Meningitis

There were three cases notified during the year. All three required hospital admission and all had uneventful recovery.

Scarlet Fever

There were seventy one cases notified during the year, none of these requiring hospital admission.

Tuberculosis

Forty four new cases were notified during 1971 of which thirty were respiratory and fourteen non-respiratory. It will be seen from a table on page 118 that during the last ten years while there has been a progressive reduction in the incidence of respiratory tuberculosis, the incidence of non-respiratory tuberculosis has been on the increase. Details of sex and age of the new cases notified during the year and the state of the tuberculosis register at the end of the year are shown on tables on page 118.

During 1971 there were only three notifications of tuberculosis in children. Two of these were young children not yet attending school—two boys, one with tuberculosis of the spine and the other with a primary lung lesion. The school child was a fourteen year old boy with glandular tuberculosis. He had been referred to the Chest Clinic following a strong positive reaction to routine tuberculin testing in school. He was also a contact of a known case of tuberculosis within his own family. Because of this and because he was shown to be non infectious there was no indication for extensive school investigation. No further cases of tuberculosis were identified in his own household. B.C.G. vaccination was extended to cover all children within his home.

Two male students were notified cases of tuberculosis during the year, one attending the Sixth Form College, the other Harris College. Mass radiography examination was undertaken of fellow students and staff of both the colleges but no further cases of tuberculosis were discovered. In both cases no source of infection was discovered in household contacts. Infection through contact with cases of tuberculosis in a

previous place of employment was a strong possibility for the Harris College student. Fortunately follow up examination of sixty seven employees of this firm did not reveal any further cases. Two siblings of this student, however, were considered to have evidence of primary infections and have required anti-tuberculosis therapy.

Statistics

Incidence rates per thousand population for 1971 based on the notification figures already given are 0.31 for respiratory tuberculosis, 0.14 for non-respiratory tuberculosis and 0.45 for both forms of the disease. With five hundred and forty nine cases of tuberculosis on the register at the end of the year (four hundred and twenty five respiratory, one hundred and twenty four non-respiratory) the overall prevalence rate was 5.67 per thousand population.

There were five deaths from tuberculosis during the year, three from respiratory tuberculosis and two from other forms of tuberculosis or the late effects of the disease. This gives a case mortality of 0.91 % and a death rate per thousand population of 0.03 for respiratory tuberculosis and 0.02 for other forms of tuberculosis including late effects with a combined rate of 0.05.

Prevention and Aftercare

Adequate treatment of tuberculosis, investigation of contacts and vaccination with B.C.G. where appropriate, and routine B.C.G. vaccination of school children continued during the year. Follow up of cases and contacts by health visitors continued as a routine with one health visitor providing liaison with the Chest Clinic.

Monthly sessions of the mobile X-Ray Unit continued during the year at Saul Street Clinic for general practitioner and local health authority referrals. This service has proved valuable for pre-employment examinations, periodic X-ray of persons employed in child care and for limited contact surveys. In addition the mobile X-Ray Unit continued to visit certain selected firms in Preston. Firms selected are in the main, those which employ a significant proportion of immigrant labour.

B.C.G. Vaccination of Contacts

Investigation of contacts at the Chest Clinic included tuberculin testing of three hundred and sixty nine persons of whom forty seven were tuberculin positive. Altogether three hundred and forty five persons were given B.C.G. vaccination including twenty three new born infants.

B.C.G. Vaccination of Schoolchildren

Routine B.C.G. vaccination of schoolchildren at thirteen years of age was continued during 1971. In addition, if indicated, it was given at an earlier age to children newly immigrant to the town.

An acceptance rate of 90.5 % for routine B.C.G. vaccination is very satisfactory and above the national average. This has been achieved by follow up letters to parents not signing the initial consent form. It is however, disappointing that a considerable number of pupils were not available either for testing or reading and therefore for B.C.G. vaccination.

Consents were obtained for 1,558 of the 1,722 pupils in the appropriate age group but only 1,163 pupils attended for skin testing and reading. While absentees are followed up subsequently, and two hundred and eighty nine such pupils were included in the two 1971 programmes, there has always remained a number of persistent defaulters. The percentage of positive reactors to the tuberculin test was

17.6%. A table on page 119 gives figures since 1954. While the percentage is above the national average it should be noted that a proportion of these have previously had B.C.G. vaccination. During the year there were eighty three pupils who gave a strong tuberculin reaction (Heaf grade three or four) of whom thirty two had previously had B.C.G. All children showing a strong positive reaction to the tuberculin test irrespective of B.C.G. vaccination state are referred for a chest X-ray. Of those referred in 1971 two are requiring continued follow up at the Chest Clinic.

Routine tuberculin testing of children newly immigrant to the town, irrespective of age, is combined with medical examination and was continued during 1971. During the year, seventy one of these children were tuberculin tested, of whom thirty seven were tuberculin positive, nine of them requiring referral to the Chest Clinic as strong reactors. Of these one boy was already on treatment for tubercular glands of the neck, while another boy has required continued observation at the Chest Clinic.

Mass Radiography

During 1971 public sessions were held in the town during March, April and May. Altogether 2,397 were examined with one case of active pulmonary tuberculosis being discovered. In addition surveys were carried out in industry and offices involving 2,569 employees, seven cases of active pulmonary tuberculosis being discovered in males under thirty five years of age.

The total rate of cases of tuberculosis found per 1,000 persons examined was 2.74. A total of six persons were found to have malignant neoplasms, making a rate of 1.03 cases per 1,000 persons examined.

Monthly sessions of the mobile X-ray unit continued during the year at Saul Street Clinic for general practitioner and local health authority referrals.

Whooping Cough

There were twenty eight cases notified during the year. These included three infants, twelve children aged one to four years and thirteen over the age of five years. In about a quarter of the cases no typical whoop was noted. Nine children required hospital admission. There were no deaths.

B. OTHER DISEASES

Cancer of Cervix and Breast

It is estimated that 1.2% of all women develop cancer of cervix of the uterus, a condition with a high mortality, only 30% surviving five years from diagnosis. (In Preston in 1971 ten women died from this condition).

Since cancer of the breast is responsible for approximately four times as many female deaths in England and Wales as cancer of the cervix, examination of the breast is now routinely carried out at the same time as the taking of the cervical smears. Patients are instructed individually in the technique of self examination of the breasts and each is given an illustrated leaflet to that end. In addition a routine internal pelvic examination is carried out at the same time, to detect any gynaecological disorders. The laboratory examinations of the cervical smear are undertaken by the Christie Hospital in Manchester.

In addition to the local authority service, this comprehensive, free cervical cytology scheme is available through the local Family Planning Clinic and the general medical practitioners.

The total number of examinations done by the Preston County Borough Cervical Cytology Clinics since the introduction in April 1966 are as follows:

1966	—	590
1967	—	948
1968	—	778
1969	—	530
1970	—	749
1971	—	1,069
<hr/>		
Total	—	4,664
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Cervical Cytology and Breast Examination Clinic held on the premises of Peter Craig, Tulketh Mill

Following an initial approach by the management of this firm, detailed discussions in March 1972 between the Personnel Manageress and this department led to the establishment of weekly health department clinics at the Mill, where members of the staff are offered:-

- (a) Cervical cytology—smear test—with pelvic examination.
- (b) Breast examination and in particular screening for breast cancer.
- (c) Letter of reference to patient's own family doctor for further advice and treatment where appropriate.

Owing to the success of the venture, it is planned to extend this "on the spot" service to other firms employing female staff in the Preston County Borough area.

Detailed analysis of the work carried out through the Borough's Cervical Cytology Clinics in 1971 are given in the Tables 8 and 9. There were four cases of cancer and two were suspicious. Abnormal gynaecological conditions were found in two hundred and thirty cases while eighty seven cases showed evidence of infection. The conclusion one reaches is that the principal merit of this service is the discovery of a large amount of pathology needing surgical or medical interventions.

Table 8.
Cervical Cytology, 1970 — Analysis of Attendances.

Age Groups				Under 25	25-29	30-34	35-39	40-44	45-49	Over 50	Total
				59	107	132	193	190	178	210	1,069
Married				44	100	129	192	187	176	203	1,031
Single				15	7	3	1	3	2	7	38
Social Class											
				1	3	2	4	5	2	7	24
				2	5	7	17	17	13	23	83
				3	45	73	100	128	122	119	719
				4	2	5	11	17	21	19	99
				5	3	12	6	15	17	10	70
Not known				7	9	6	12	8	15	17	74
				59	107	132	193	190	178	210	1,069
Parity											
				0	27	23	8	13	13	22	128
				1	12	20	15	23	24	32	165
				2	13	29	40	53	62	46	299
				3	4	17	31	47	35	32	209
				4	3	12	23	32	19	25	138
				5	—	3	6	12	15	6	54
				6	—	3	2	7	8	7	31
				7+	—	—	7	6	14	8	45
				59	107	132	193	190	178	210	1,069

Table 9.
Cervical Cytology, 1971 — Analysis of Findings.

Findings on Examination	Under 25	25-29	30-34	35-39	40-44	45-49	Over 50	Total
Normal	37	72	91	131	125	122	163	741
ABNORMAL								
Gynaecological	15	25	25	49	48	38	30	230
Infections	5	10	13	14	20	15	10	87
Cancerous	—	—	1	—	1	1	1	4
Suspicious	—	1	1	—	—	—	—	2
GYNAECOLOGICAL CONDITIONS								
Chronic Cervicitis-Erosions.. ..	15	25	24	47	44	26	17	198
Cervical Polypus	—	—	1	3	4	12	13	33
Fibroids	—	—	—	—	—	—	—	—
Other	—	—	—	—	—	—	—	—
INFECTIONS								
Trichomonas Vaginitis	4	2	5	7	2	2	5	32
Monilia	1	4	7	7	9	6	3	37
Leptothrix	—	—	—	—	—	—	—	—
Non-Specific	2	4	2	—	9	2	2	21
PARITY	A B	A B	A B	A B	A B	A B	A B	A B
0	5 1	3 —	1 —	2 1	5 4	2 3	2 —	20 9
1	2 1	2 4	2 —	6 —	5 3	7 4	8 2	32 14
2	5 1	8 1	9 5	15 4	17 7	11 1	8 4	73 23
3	2 —	7 1	6 3	13 4	13 5	7 2	4 2	52 17
4	1 2	3 2	6 4	6 4	5 —	4 3	4 1	29 16
5	— —	1 —	1 1	2 1	1 1	1 —	3 1	9 4
6	— —	1 2	— —	4 —	1 —	3 1	— —	9 3
7+	— —	— —	— —	1 —	1 —	3 1	1 —	6 1
	15 5	25 10	25 13	49 14	48 20	38 15	30 10	230 87

A—Gynaecological Conditions

B—Infections

Coronary Disease

In Preston a total of three hundred and seventy two persons died from coronary heart diseases in 1971. This condition remains the commonest cause of death of men prior to retiring age. There were 217 men who died from the condition of whom 102 were under the age of sixty five years. The accompanying tables give age and sex distribution of coronary deaths during the past decade.

Table 10.
Coronary Disease — Female Deaths.

Age at Death	25-34	35-44	45-54	55-64	65-74	75+	Total
Year 1971	—	1	5	20	51	78	155
1970	—	—	6	21	33	83	143
1969	—	1	5	19	44	67	136
1968	—	1	4	16	66	88	175
1967	—	2	5	21	48	60	136
1966	—	1	1	15	42	65	124
1965	—	2	3	17	40	52	114
1964	1	1	7	23	45	51	128
1963	—	1	3	15	40	52	111
1962	1		21		34	47	103
1961	1		21		34	42	98

Table 11.
Coronary Disease — Male Deaths.

Age at Death	25-34	35-44	45-54	55-64	65-74	75+	Total
Year 1971	—	2	39	61	71	44	217
1970	—	2	22	54	56	46	180
1969	—	6	27	46	73	48	200
1968	—	2	15	53	63	37	170
1967	2	3	20	44	56	44	169
1966	—	7	17	62	73	42	201
1965	1	12	28	54	57	43	195
1964	4	6	23	53	55	42	183
1963	1	5	15	46	61	34	162
1962	7		78		65	39	189
1961	3		74		55	44	176

Scabies

Since scabies is not notifiable the exact incidence is not known. Cleansing centres at Greenbank, Cuttle Street, Avenham and Ribbleton Clinics continued to function throughout the year.

Respiratory Diseases

Lung Cancer accounted for the deaths of seventy five persons in Preston during 1971 (fifty eight males and seventeen females). Half of the men dying from the condition were under sixty five years of age. Three of the seventeen women who died from lung cancer were less than fifty five years of age. Table 4 on the inset gives details of sex and age distribution.

Bronchitis, apart from causing considerable morbidity and loss of employment, caused the deaths of seventy five men and thirty women in Preston during the year.

C. SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases include the legally defined venereal diseases namely syphilis, gonorrhoea, chancroid, and also other diseases such as lymphogranuloma venereum, granuloma inguinale and other non-specific genital infections. Altogether six hundred and forty eight persons resident in Preston were seen as new cases at the Special Clinic during the year. Of these one hundred and ninety seven were cases of gonorrhoea and three were cases of syphilis. There were no cases of chancroid, lymphagranuloma venereum or granuloma inguinale.

Facilities for the treatment of seamen are made known to ships' masters by the Port Health Inspector. During 1971 thirty four seamen attended the Special Clinic.

A table on page 118 gives statistics for the past ten years. It shows the general trend of these diseases throughout the country—while there has been some decline in the incidence of syphilis, that of gonorrhoea has remained unchanged or increased slightly.

D. IMMUNISATION

In August 1971 routine vaccination against smallpox was discontinued. It is known that serious adverse reactions, although rare, do follow smallpox vaccination in a number of cases. Professor George Dick of Middlesex Hospital, in a paper published in July 1971 showed conclusively that routine vaccination was no longer justified in this country where smallpox has not been endemic since 1935 and where risks of importation of the disease are decreasing with progressive eradication of smallpox in the world. The Department of Health and Social Security acted promptly endorsing Professor Dick's views and indicating that smallpox vaccination need not be continued as a routine procedure. Vaccination against smallpox is still, of course, an essential preventive measure for contacts of cases of smallpox or for those at special risk of exposure. Medical and nursing staff and the public health inspectorate staff of this department are among such and re-vaccination every three years for these will be continued. In addition it is, of course, still a requirement for travel to certain countries.

The accompanying Table shows the schedule of immunisation used in Preston while tables on pages 57-59 give details of immunisations carried out. Triple antigen provides prophylaxis against diphtheria, whooping cough and tetanus. Where primary immunisation against diphtheria, tetanus, and poliomyelitis has not been received in infancy, or subsequently, this is offered at the times for booster immunisation.

Vaccination against rubella continued in 1971 for thirteen year old girls. In the Autumn term a trial of rubella vaccine by the intranasal route was carried out in conjunction with Dr. D. N. Hutchinson of the Virus Diagnostic Laboratory, Preston Royal Infirmary. The results of this trial, however, did not justify routine use of this method of administration since immunity response was not as satisfactory as that obtained by subcutaneous injection of the vaccine. The article reproduced in Appendix I gives a description of a pilot trial in Preston of two types of rubella vaccine by injection.

Table 12.
Schedule of Immunisation — Preston.

Approximate Age	Prophylactic	Interval from previous Immunisation
6 months 	1st triple antigen 1st oral polio vaccine	After interval of 6 weeks After interval of 6 months After interval of 4 weeks
Approx. 7/8 months ..	2nd triple antigen 2nd oral polio vaccine	
Approx. 13/14 months ..	3rd triple antigen 3rd oral polio vaccine	
Approx. 15 months ..	Measles vaccination	
5 years (school entry) ..	Booster diph./tetanus and oral polio vaccine	
13 years 	Rubella vaccination (girls only) B.C.G. vaccination (tuberculin negative children)	After interval of 4 weeks
15 years (school leaving) ..	Booster diph./tetanus and oral polio vaccine	





REDEVELOPMENT—ADELPHI AREA



Environmental Health

HOUSING 1971

Clearance Areas

The Selby Street and Saint Anne's Street Compulsory Purchase Orders, 1970, containing seven and four unfit houses respectively were unopposed and confirmed without modification during the year.

The Brockholes View, etc., Compulsory Purchase Order, 1970 containing thirty four unfit houses and seven fit houses and the Cary Street, etc., Compulsory Purchase Order, 1970 containing fifty nine unfit houses and five fit houses, the subject of a public inquiry in 1971, were also confirmed without modification.

The James Street, etc., Compulsory Purchase Order, 1970 containing one hundred and thirty nine unfit houses, fourteen badly arranged houses, twenty two fit houses and one other building, the subject of the same public inquiry, was confirmed by the Secretary of State for the Environment with the following modifications:

(a) five houses represented as unfit were determined to be not unfit and were transferred to Part III of the Order as fit houses, (b) two houses represented as unfit were determined to have lost their identity as houses and were transferred to Part III of the Order as "other buildings", (c) four houses represented as unfit were determined to be not unfit but were retained in the clearance area on the grounds of "bad arrangement" and transferred to Part II of the Order and (d) one house represented on the grounds of "bad arrangement" was determined to be not badly arranged and transferred to Part III of the Order.

Representations were made during 1971 in respect of one hundred and three unfit houses comprising the Isherwood Street, etc., Guy's Row and Pole Street groups of clearance areas, thus completing the current clearance programme. These houses were included in the following orders:

Preston (Curwen Street, etc.) Compulsory Purchase Order, 1971

Unfit houses	..	92	Fit houses	..	14	Other buildings	..	3
--------------	----	----	------------	----	----	-----------------	----	---

Preston (Guy's Row) Compulsory Purchase Order, 1971

Unfit houses	..	6	Other buildings	..	1
--------------	----	---	-----------------	----	---

Preston (Pole Street) Compulsory Purchase Order, 1971

Unfit houses	..	5	Fit houses	..	2
--------------	----	---	------------	----	---

The proposed future clearance programme which was drawn up in 1969 following completion of the preliminary review of housing conditions required by Section 70 of the Housing Act, 1969 is still under active consideration and it is hoped that the Council will authorise implementation of this programme during the coming year.

Individual Unfit Houses

Reports were submitted by the Chief Public Health Inspector and accepted by the Council in respect of eight individual unfit houses under Section 16 of the Housing Act, 1957. During the year the Council made three closing orders and five demolition orders, revoked one demolition order and substituted a closing order and in respect of one unfit house accepted an undertaking made by the owner to carry out within

a specified period the works necessary to render the house fit for human habitation. Consideration was deferred regarding one house to enable the owner to complete works of repair in hand.

Seven houses the subject of closing orders and one house the subject of a demolition order, all of which were also included in Compulsory Purchase Orders and one house the subject of an undertaking not to use for human habitation were demolished.

One closing order was determined on completion of the works necessary to render the house concerned fit for habitation.

Demolition

A total of three hundred and seventy four premises comprising (a) two hundred and eighty nine unfit houses, (b) seventy two fit houses and (c) thirteen other buildings were demolished during the year under review as a result of Housing Act action.

Repair of Unfit Houses

During the year one informal and two formal notices were served under the Housing Act, 1957 in respect of houses regarded as capable of being made fit at reasonable expense. One house was made fit as a result of such action.

On 3rd August, 1971, an appeal was heard in the County Court against a notice served under Section 9 of the Housing Act, 1957 in respect of a dwelling house considered to be repairable at reasonable expense. The notice required, *inter alia*, the provision of an internal water closet because the existing external water closet was considered to be unfit and not readily accessible. The appellants claimed that the existing water closet was readily accessible and the Council had therefore no power to require the provision of an internal water closet. The appeal was allowed with costs awarded against the Council.

Public Health Act procedure has also been used to deal with general disrepair of houses.

Certificates of Disrepair

Two applications for certificates of disrepair and one application by a tenant for a certificate as to defects not remedied were considered and it was recommended that certificates be granted in all instances.

Overcrowding

Table 13.
Overcrowding, 1971.

Number of complaints received	9
Number of complaints confirmed and referred to the Housing Committee	1
Number of complaints not confirmed	7
Number of complaints confirmed, but no action taken	—
Number of letters sent to abate overcrowding	1
Number rehoused while complaint was being investigated	—
Number rehoused by the Local Authority following reference	1
Number of complaints withdrawn	—

Qualification Certificates

Under the Housing Act, 1969 the owner of a dwelling let on a controlled tenancy may apply for a qualification certificate to enable the tenancy to be changed from a controlled to a regulated one and a fair rent registered, providing the dwelling reaches a prescribed standard or is to be improved to reach this standard.

Applications are made to the Town Clerk but the Public Health Inspectors through the Medical Officer of Health recommend whether a certificate should be issued or refused.

Table 14.
Housing Act, 1969 — Qualification Certificate Applications.

	Dwellings already satisfying conditions	Dwellings requiring improvement
Applications pending at end of previous year ..	10	—
Applications made during the year	86	14
Qualification Certificates issued	37 (+ 7) *	—
Qualification Certificates refused	51	—
Applications withdrawn	—	—
Applications rejected :		
Tenancy not controlled	2	1
Premises situated outside the district ..	1	—
Certificates of Provisional Approval issued ..	—	9
Certificates of Provisional Approval refused ...	—	3
Applications pending at end of year	5	1

* Figure in brackets indicates Qualification Certificate issued subsequently to Certificate of Provisional Approval.

Housing Consolidated Amendment Regulations, 1932

The following table gives the information required under the above regulations.

Table 15. Housing Acts, 1957—1969. Action taken in respect of unfit houses under the above Acts.	
Number of houses which on inspection were considered to be unfit for human habitation	113
Number of Representations made or reports submitted to the Council —	
(a) with a view to service of Notices requiring execution of works	3
(b) with a view to making of Demolition Orders or Closing Orders...	8
(c) with a view to declaring Clearance Areas (Number of houses)	103
Number of notices served requiring execution of works —	
(a) informal	1
(b) formal	2
Number of houses rendered fit after service of —	
(a) informal notice	—
(b) formal notice	1
Number of Demolition Orders made under Section 17 of the Housing Act, 1957	5
Number of houses purchased by the Council in lieu of making Demolition Orders	—
Number of Demolition Orders determined and Closing Orders substituted	1
Number of Closing Orders made under Section 17(1) of the Housing Act, 1957	3
Number of Closing Orders made under Section 18 of the Housing Act, 1957	—
Number of Undertakings accepted by the Council	1
Number of houses demolished as a result of Orders made under Sections 17 and 28 of the Housing Act, 1957	—
Number of Council-owned unfit houses demolished	—
Number of houses demolished as a result of Clearance Orders or Compulsory Purchase Orders —	
(a) unfit	289
(b) fit	72

Improvement Grants

Applications for grants under the Housing Act, 1969 are made through the Director of Development and Works, but certification as to the fitness or otherwise of the houses concerned, and the estimated useful life of the property after completion of the proposed works is sought from the Medical Officer of Health.

Advice was sought in respect of fifty one applications for improvement grants and three hundred and one applications for standard grants. Twelve houses were considered to be capable of being made fit at reasonable expense with the necessary expected life and a further fifty eight were considered unlikely to have a life in excess of fifteen years. The remainder were considered fit in terms of the grant requests. Advice was also sought regarding three houses prior to grant applications being made.

Compulsory Improvement

One representation was made to the local authority to exercise their powers of compulsory improvement under the provisions of the Housing Act, 1964 and a preliminary improvement notice was subsequently served in respect of the house concerned.

General Improvement Areas

Six houses were improved during the year in the Adelphi Improvement Area. Of these, three were council owned, two were privately owned tenanted houses and one was owner-occupied. Works of improvement were in progress at a further seven houses at the end of the year.

Houses in Multiple Occupation

During the year eighty two visits were made to such premises. Under the Housing Act, 1961, two formal and thirteen informal notices requiring the carrying out of works were served. Three formal and nine informal notices were complied with and the use of one house for multiple occupation was discontinued.

Proceedings were instituted against the owner of one house in multiple occupation for non-compliance with a notice served under Section 15 of the Housing Act, 1961, requiring the provision of satisfactory facilities. A fine of £50 was imposed.

FOOD AND DRUGS

General

For all purposes two thousand, one hundred and twelve visits were made by inspectors in connection with food, milk and the hygiene of food premises. These visits covered the whole range of activities under the Food and Drugs Act and the many regulations made thereunder dealing with the quality, soundness and safety of food and drink and the hygiene of production, processing, storage and sale.

Milk

All milk sold within the Borough continues to come from dairies and farmers outside the borough. At the end of the year there were seven premises registered as dairies whilst eight other distributors operated from one or other of these registered premises.

There were also one hundred and eighty two distributors registered for the sale of bottled or cartoned milk from shops and this included six vending machine sites offering cartoned pasteurised milk to the public. Several other machines also dispensing pasteurised milk are sited in works canteens.

Six distributors operated from premises outside the Borough whilst two dairy farmers also with premises outside the Borough are known to retail their own untreated (farm bottled) milk. Four other untreated milks are known to be retailed by distributors and none of these are produced within the Borough. The amount of untreated milk sold continues to fall and is probably now under 0.5% of the total milk sold in Preston.

Most of the sterilized milk continues to be sold from shop premises and ultra heat treated milk now seems to be growing in popularity through several of these outlets as well as continuing to be used to supply ships and seasonal caravan sites.

Liaison with colleagues in adjoining local authorities ensures regular sampling of untreated milks for the presence of milk borne diseases and there has been no need to take action under Milk and Dairies Regulations during the year.

Heat treated milks continue to produce excellent results to statutory tests. Thirty seven of the pasteurised milk samples shown in Table 16 were from school milk

supplies. A follow-up sample to the phosphatase test failure was satisfactory. This milk was from a dairy outside the Borough and the failure was investigated by the licensing authority.

Fat and solids-not-fat content of all milks sampled were again good and all the samples taken were also free from antibiotics.

Only one dirty milk bottle complaint was received during the year and this was investigated by the local authority in whose area the dairy was situated.

Two complaints of foreign matter in milk were investigated—housefly and wall-paper cellulose paste in opened bottles of milk.

Table 16.
Pasteurised milk samples taken for Phosphatase, Methylene Blue and Turbidity Tests.

Class of sample	No. of samples taken	Phosphatase		Meth. Blue		Turbidity	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	122	122	—	122	—	—	—
Pasteurised (Homogenised) ..	10	9	1	—	—	—	—
Sterilised	16	—	—	—	—	16	—
Totals ..	148	131	1	122	—	16	—

Thirteen samples of Ultra Heat Treated milk were taken and the Plate Counts were satisfactory. One sample of untreated (F.B.) milk was taken for Brucellosis test and this was satisfactory.

Table 17.
Milk samples taken for chemical analysis.

Class of milk sample	No. of samples taken	Informal		Formal	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Pasteurised	7	5	—	2	—
Pasteurised (Homogenised) ..	5	2	—	3	—
Pasteurised (Channel Islands) ..	3	2	—	1	—
Sterilised	7	3	—	4	—
Ultra Heat Treated ..	2	2	—	—	—
Totals	24	14	—	10	—

Chemical Examination of Food

Table 18.
Miscellaneous samples taken for chemical analysis.

Class of sample	No. of samples taken	Satisfactory	Unsatisfactory
Tinned fish products	7	7	—
Dried fruits and nuts	18	18	—
Meat products and pies	24	22	2
Tinned meat products	6	6	—
Farinaceous and pulse foods	11	10	1
Cheese and cheese spreads	8	7	1
Sausage and sausagemeat	9	7	2
Fats including butter and margarine	12	12	—
Pickles, condiments and spices	12	11	1
Fruit pies and cream trifles	4	4	—
Yoghurt	9	8	1
Jams, preserves and jellies	17	17	—
Dairy and double cream	12	10	2
Fruit drinks	14	12	2
Fresh fruit	3	3	—
Tinned soup	2	2	—
Drugs and patent medicines	5	5	—
Bread and tea cakes	3	2	1
Sugar	1	1	—
Sugar confectionery	3	3	—
Milk powder and tinned milk	5	5	—
Beverages	5	5	—
Milk dried separated with non milk fat	1	—	1
Tinned vegetable casserole with beef	1	—	1
Opened tin of stewed steak	1	—	1
Part bottle cream sherry	1	1	—
Opened tin of corned beef	1	—	1
Spinach contained thistles	1	—	1
Part of a sponge cake	1	—	1
Part of a cherry cake	1	—	1
Beetle and green substance in peas	1	—	1
Foreign matter in milk	1	—	1
Insect in steak pudding	1	—	1
Wasp in blackcurrant sundaes	1	—	1
Pork pie	1	—	1
Part of a meat pie	1	—	1
Part of a meat and potatoe pie	1	—	1
Boursin full fat soft cheese	1	—	1
Opened turkey spread	1	—	1
Part ginger bun and drawing pin	1	—	1
Opened bottle finest old french brandy	1	1	—
Orange bitters	1	—	1
Ice-cream	4	4	—
Part birthday cake	1	—	1
Miscellaneous and other foods	24	24	—
Totals	239	207	32

Steak pudding contained 19.5% meat content and meat pie contained 24.0% meat content in each instance slightly lower than the statutory minimum meat contents of 21% and 25% respectively.

Pork sausage was low in lean meat content. In each instance manufacturers were warned.

"Cream Cheese" on retail sale was in fact a full fat soft cheese.

Tinned vegetable and meat casserole with only 18% meat content had a picture on the tin which suggested meat was a major ingredient.

Pickled red cabbage was not labelled as regards sulphur dioxide content in accordance with Preservatives in Food Regulations.

Correct labelling was requested in each instance.

Potatoes were contaminated with wood preserving chemicals and all affected stocks were destroyed.

Orange bitters were found to have a dispenser attached to the bottle made of lead and stocks were withdrawn.

Nine samples of tinned tuna fish, two tinned salmon, one tinned pilchards, one frozen salmon, two fresh mussels and one of frozen eels, all imported were checked for the presence of mercury and levels of between 0.03 ppm and 0.25 ppm inclusive were found.

Foreign Bodies, etc., in Food

During the year eighty three complaints were received from the public and in twenty two instances the complaints were examined by the public analyst.

Flies, insects or larvae were reported in meat pies (five), cake (two), tinned peas (two), tinned fruit, chocolate biscuit, turkey spread, sugar, root ginger, chocolate and cheese (one of each).

Mould was present in bread (four), cake (two), sausage, meat pie, tinned carrots, tinned meat and vegetable, potato cake, jam, tinned peas, soft cheese pre-packed portions, and flavoured soft drink.

Other foreign bodies found included string in tinned stewed steak, metal washer in tinned apple, metal in sausage, thistles in frozen spinach, scouring powder dusted on sandwich cake, part of a hair comb in bread, drawing pin in cake, and solder pellets in corned beef.

Also thirteen complaints of unsoundness or decomposition was investigated, these included chicken portion, fruit and vegetables, smoked paté, yogurt, black puddings, butter, pork chop, chocolate biscuits, elder, salmon and cow heel.

All the complaints were fully investigated and in six instances prosecutions were instituted. Five under Section 2 and one under Section 8 of the Food and Drugs Act, 1955 for sour cream eclairs, tinned stewed steak containing sisal fibres, sandwich cake sprinkled with scouring powder, meat pie containing a blue bottle, bread containing pieces of a hair comb and mouldy steak and kidney pies were all successful and fines totalling two hundred and twenty eight pounds were imposed.

In other instances warning letters were sent to offenders.

It was also necessary to seize a quantity of fruit and vegetables offered for sale by retail.

Bacteriological Examination of Food

One hundred and seventy two samples were taken and these are detailed in Table 19. Ice cream and cream samples reported as unsatisfactory fell into the provisional grades III and IV of the methylene blue test and were from several producers. Investigations found no specific reasons and follow-up samples were always satisfactory.

Meat products taken were from retail sale outlets and generally were very good.

Table 19.
Miscellaneous samples taken for bacteriological examination.

Class of sample	No. of samples taken	Satisfactory	Unsatisfactory
Town's water	20	19	1
Cooked turkey pieces	1	1	—
Roast Port and ham	4	4	—
Cooked chicken leg and jellied chicken ..	2	2	—
Chicken teacake	1	1	—
Double cream	23	12	11
Single cream	6	6	—
Tinned dairy cream	1	1	—
Ice-cream	25	14	11
Ice-cream mix	3	3	—
Dairy ice-cream	2	2	—
Choc-ice	1	1	—
Tinned chopped ham and pork luncheon meat	3	3	—
Cultured buttermilk	1	1	—
Yoghurt	4	4	—
Orange drink	1	1	—
Butter	2	1	1
Cheese	1	1	—
Beef sausages	27	26	1
Beef brawn	10	10	—
Roast beef	8	8	—
Beef products	10	10	—
Meat and meat and potato pies	4	4	—
Pork sausage	3	3	—
Cake with synthetic cream	2	2	—
Corned beef	2	1	1
Chicken pie	1	—	1
Sliced beef and gravy	1	—	1
Bacon (uncooked)	2	1	1
Pork pie	1	1	—
Totals	172	143	29

Food Hygiene

The aim this year has been to increase the amount of time spent by Public Health Inspectors on food hygiene work. By more frequent visits to food premises of all kinds, by advice and persuasion to management and staff and where necessary by prosecution of the worst and most persistent offenders it is hoped that standards can be improved.

During the year seven prosecutions were taken under the Food Hygiene (General) Regulations. A chop suey bar (ten offences), one restaurant (eight offences), two sweet manufacturers (thirteen and twenty one offences), one poultry killing and packing station (nine offences), one greengrocer (fourteen offences), and one egg packing station (eight offences).

All were successful and fines totalling £1,255 were imposed.

There was also one successful prosecution under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations (nine offences). A total fine of eighteen pounds was imposed.

It is distressing to find, after sixteen years of food hygiene legislation, that so many food traders accept standards which they would not tolerate in their own domestic kitchens and even question the necessity for suitable facilities for hand hygiene. Table 20 shows the number and type of food premises in the Borough.

A new food market hall was under construction during the year and should come into use in mid 1972. This will bring all market food stalls under one roof and will provide stallholders with all the facilities necessary to comply with Food Hygiene (Market Stalls and Delivery Vehicle) Regulations.

Table 20. Food Premises subject to the Food Hygiene (General) Regulations, 1970.						
Category						Number of Premises
Restaurants, cafes and snack bars	...	...	...	...	...	81
Residential Hotels	...	...	...	...	...	19
Public Houses	...	...	...	...	...	199
Fried fish shops	...	...	...	...	...	72
Canteens	...	...	...	...	...	84
Clubs and Institutions	...	...	...	...	...	73
Food Manufacturers	...	...	...	...	...	11
Ice-cream Manufacturers	...	...	...	...	...	4
Wholesale food warehouses	...	...	...	...	...	42
Butchers' shops and other retail food shops	...	...	...	...	...	624
Total	...	...	...	...	...	1,209

Meat Inspection

During the year meat inspection was carried on in a routine manner. Apart from an increase in the number of cattle killed, the animal figures show little difference from the year before. Normally the figures for pigs are the ones most likely to fluctuate, owing to their rate of breeding. Due to the continued co-operation

of the meat traders, no problems have occurred in enabling the work to be carried out. No matters of unusual interest have occurred during the year and there has been no significant changes in the percentage of animals affected with disease.

Work continues with the slaughter of reactors to the Brucellosis test. The number of licensed slaughtermen at the end of the year was twenty three. Some Mohammedan slaughter is carried out from time to time and in these cases the animals are electrically stunned before slaughter, a situation which appears to comply with religious beliefs. No problem therefore exists.

Owing to an alteration in the regulations of the European Economic Community regarding export of meat from this country, the Public Abattoir was found not to comply and has now been removed from the list of approved abattoirs. It is intended to carry out the necessary requirements as and when circumstances make this desirable.

Frequent outside visits have been made to various places in the Borough including cold stores, schools, canteens, Corporation Institutions, etc., with satisfactory results.

It is pleasing to record that no formal proceedings have been necessary to ensure that any necessary action has been carried out.

Table 21.
Number of animals killed and inspected.

	Cattle	Sheep	Pigs	Calves
Public Abattoir	11,411	29,153	15,174	17
Private Slaughterhouse	5,893	12,974	17,798	4
Total	17,304	42,127	32,972	21

Poultry Inspection

One premises only is used for the slaughter and dressing of poultry. The birds are mostly hens slaughtered by the Muslim method for the Asian and West Indian community. Approximately 150,000 birds were slaughtered during the year and of these some 5,000 were rejected as unfit for human consumption. The standard of hygiene has always left much to be desired and this year the owners of the business were prosecuted under the Food Hygiene (General) Regulations, 1970 and fined two hundred and twenty five pounds.

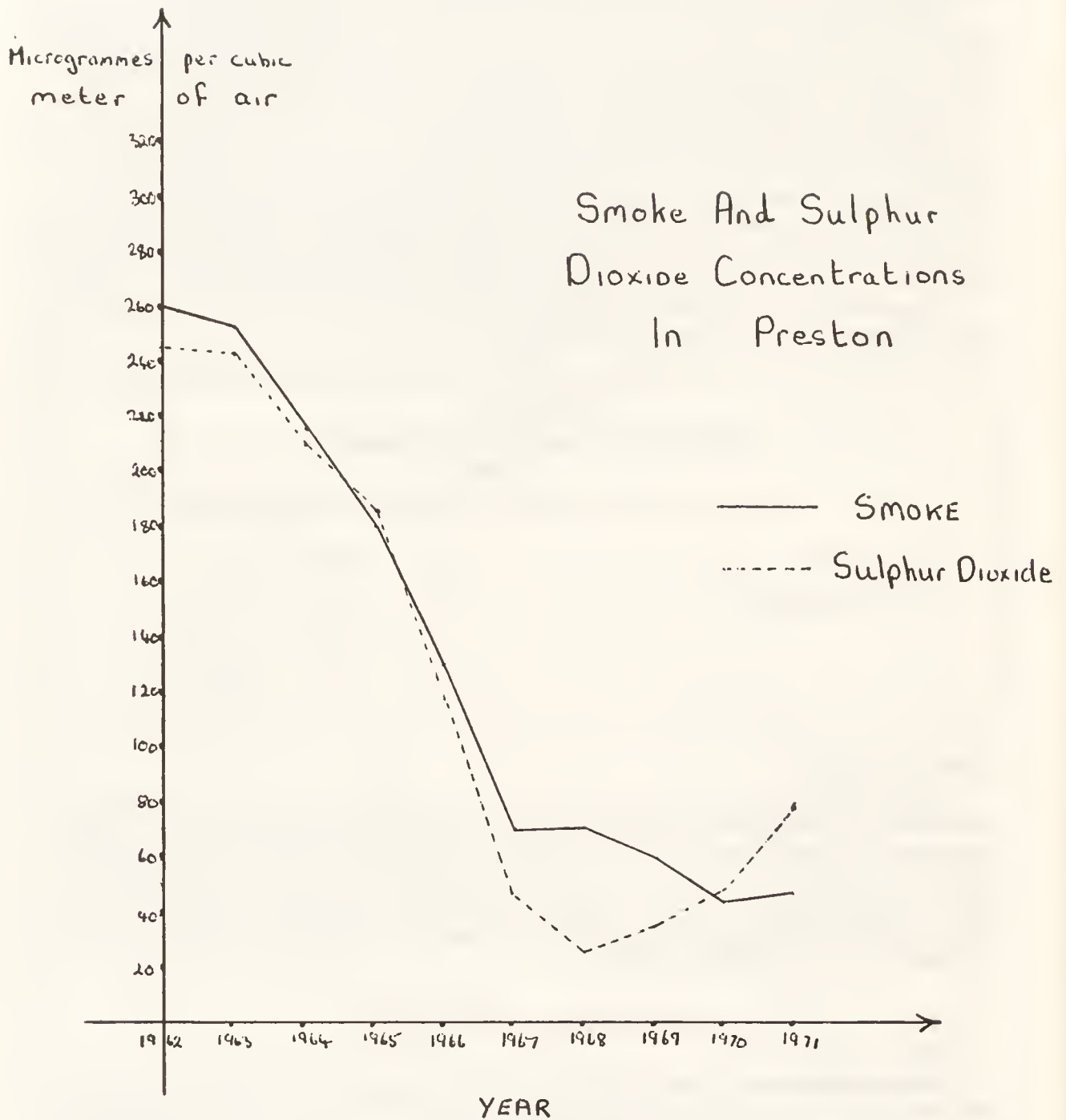
ATMOSPHERIC POLLUTION

1. National Survey

Measurements were made in Market Street of the daily concentrations of smoke and sulphur dioxide and the results made available to Warren Springs Laboratory. The graph shows the trend over the last few years.

2. Smoke Control Areas

Two Smoke Control Orders came into operation: No. 22 Area on the 1st June and No. 23 on the 1st November. The conversion of fireplaces went smoothly in both



areas and the opportunity to modernise home heating was welcomed by the householders in the areas.

In November the Health Committee reviewed the progress of the smoke control programme. The following table shows the position reached at that time.

<i>Area No.</i>	<i>Year of Operation</i>	<i>Dwellings subject to the Order</i>
1	1956	77
2	1957	718
—	1958	—
3	1959	427
—	1960	—
4	1961	1,893
5	1962	—
6	1963	538
7, 8	1964	163
9, 10, 11, 12	1965	2,836
13, 14, 15	1966	799
16, 17, 18, 19, 20	1967	3,345
—	1968	—
—	1969	—
21	1970	673
22, 23	1971	951
		<hr/>
		12,420
Add new dwellings built in these areas since operation		2,351
		<hr/>
Total dwellings now subject to smoke control		14,771
		<hr/>

This leaves 19,949 dwellings to be included in smoke control areas and if 1,500 are covered each year the programme will be completed in 1984. The original target date was 1975.

During the year No. 24 Area was declared, including four hundred and nine dwellings, and subsequent to the review mentioned above a further Area, No. 25, was awaiting Council confirmation at the end of the year. This Area contains 1,163 dwellings and fifty commercial premises.

3. Industrial Pollution

Informal smoke observations were taken around the town and such emissions as occurred were mainly due to breakdown of boiler house equipment.

At one plant however a series of formal observations revealed an inability to meet the requirements of the Clean Air Act and at the end of the year, following meetings with the management, agreement had been reached, in principle, to replace the three boilers concerned.

Sixteen notifications of new boiler installations were received during the year and following discussions with the applicants and modifications to the proposals where appropriate, all were subsequently approved.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The Act makes provision for the health, safety and welfare of persons employed to work in offices; shops, including catering establishments, canteens, wholesale and warehouse premises, and fuel storage premises; and certain railway premises. Enforcement of the Act has markedly improved the working conditions in these premises since 1964, when it came into operation.

Many employers are undoubtedly aware of the advantages in staff recruitment and increased efficiency that congenial working conditions engender, and in many cases the basic requirements of the Act are exceeded, to the benefit of both employer and employee.

Responsibility for the enforcement of the Act in Crown and Local Authority premises, and in factories, is by H.M. Inspector of Factories. Matters relating to fire precautions are dealt with by Preston County Borough Fire Brigade. A high level of co-operation has been maintained throughout the year with their staffs.

Section 60 of the Act requires local authorities to make an annual report to the Department of Employment and Productivity giving certain statistical information. The particulars which have been given for the year ending 31st December, 1971 are shown, under the appropriate headings, in tables 22(a) and 22(b).

Registration of Premises

Persons employing, or intending to employ staff are required to give notice of the fact to the appropriate authority on the prescribed form OSR1.

Table 22(a) Registration and General Inspections			
Class of Premises	Number of premises registered during the year	Total number of registered premises	Number of registered premises receiving a general inspection during the year
Offices	82	655	97
Retail Shops .. .	72	824	181
Wholesale Shops, Warehouses .. .	25	237	77
Catering establishments ..	17	133	43
Fuel Storage Depots ..	—	—	—
Totals	196	1,849	398
Total number of visits of all kinds to registered premises—4,209.			

Inspection of Premises

The general inspection of premises to ascertain all the relevant provisions of the Act and Regulations were complied with continued during the year. In addition to the general inspections, inspections were carried out in selected premises particular matters such as safety and accident prevention, as well as the investigation of accidents and the inspection of hoists and lifts.

Prosecutions and Exemptions

Due to continued co-operation of owners and occupiers of premises no formal action was required during the year and no prosecutions were taken. All contraventions were dealt with informally and promptly.

The Act makes provision for the exemption by certificate of some premises from certain requirements, e.g. temperature, sanitary conveniences, etc., where compliance is not reasonably practicable. No applications for exemption certificates were received during the year, and no certificates are in force.

Persons Employed on Registered Premises

The number of persons employed on registered premises at the end of the year was 20,447, an increase of 1,885 over the 1970 total. This increase is indicative of the extensive office and warehouse development in the town.

Table 22(b) Analysis of Workplace of Persons employed on Registered Premises at end of year.									
Class of workplace									No. of persons employed
Offices ..	..	..	..	..	..	..	..	..	11,184
Retail shops ..	..	..	..	..	..	..	..	..	5,590
Wholesale departments, warehouses	..	..	..	..	..	..	..	..	2,346
Catering establishments	..	..	..	..	..	..	..	..	1,216
Canteens ..	..	..	..	..	..	..	..	..	111
Total									20,447
Total Males									8,206
Total Females ..									12,241

Accidents

The Act requires that accidents which cause an employee to be absent from his usual employment for more than three days must be notified to the appropriate authority. Thirty non-fatal accidents were reported during the year, fortunately none of them were very severe. There were no fatal accidents.

The investigation of accidents shows that falls of persons and accidents involving the handling of goods were the main causes of injury during 1971 as in the previous years. Managements, and indeed often the victims themselves tend to write off most accidents as carelessness or momentary lack of attention, and it is the task of the investigator to combat this attitude.

Most accidents are not caused by carelessness but by thoughtlessness, and only by a continual process of education can employers and employees become aware of everyday hazards. During the year a special effort has been made to bring the matter of accident prevention to the attention of employers and employees.

Table 23.
Analysis of Reported Accidents

Cause	Offices	Shops	Wholesale/ Warehouses	Catering establishments
Machinery	Nil	Nil	Nil	Nil
Transport	Nil	Nil	Nil	Nil
Falls of persons	Nil	4	9	1
Stepping on or striking against object or person ..	1	1	2	Nil
Handling goods	2	2	3	Nil
Fires and explosions ..	Nil	Nil	Nil	Nil
Electricity	Nil	Nil	Nil	Nil
Hand Tools	Nil	1	Nil	Nil
Struck by falling object ..	Nil	Nil	1	Nil
Not otherwise specified ..	1	Nil	1	1

Offices, Shops and Railway Premises (Hoists and Lifts) Regulations 1968

The regulations impose requirements covering the construction, maintenance and periodic examination of goods and passenger lifts, and makes provision for safety devices and maximum safe working load.

Inspection of lift mechanism etc. is, of course, a specialist field and is left to competent persons, i.e. qualified lift engineers who are employed mainly by insurance companies and the lift manufacturers themselves. Enforcement of the regulations is, however, the duty of the local authority and a close liaison is maintained with the engineers to ensure that the requirements of the regulations are met fully.

Table 24.
(Sections 133 and 134).

Nature of work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133 (1)(c)	No. of cases of default in sending lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in unwhole- some premises	Notices served	Prose- cutions
Wearing apparel, Making, etc.	3	—	—	—	—	—

Factories Act, 1961.**Table 25.
Inspections.**

Premises	No. on the Register	No. of Inspections	No. of written notices	No. of Prosecutions
Non-mechanical factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	87	14	—	—
Mechanical factories in which Section 7 is enforced by the Local Authority	752	44	3	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	12	2	—	—
Totals	851	60	3	—

**Table 26.
Defects.**

Particulars and Section	No. of defects found	No. of defects remedied	No. referred		No. of Prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7) :					
(a) Insufficient... ..	2	2	—	2	—
(b) Unsuitable or defective	2	1	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act	—	—	—	—	—
Totals	4	3	—	4	—

FUNCTIONS UNDER THE PUBLIC HEALTH ACTS

General

The year saw a further reduction in the number of complaints arising from the disrepair of houses and an increase in complaints relating to environmental pollution many of which could not be successfully dealt with under Public Health Act powers but were more properly Civic Amenity Act matters. The work of the Public Health Inspectors under this heading necessitated 2,145 visits and the service of one hundred and fifteen informal and seventeen formal notices.

Common Lodging Houses

There are no licensed common lodging houses in the town nor were any unlicensed premises found which by legal definition came within the scope of Part IX of the 1936 Act.

Offensive Trades

No new offensive trades were established during the year and two were discontinued, leaving five rag dealers, one gut scraper, one bone dealer and one hide dealer. It is doubtful whether the trade of rag dealer (which is an offensive trade in Preston by virtue of an order made under Section 107 (i)(ii) of the 1936 Act) now justifies inclusion under this heading.

Pests

The incidence of insect pests in domestic premises shows little evidence of reduction despite the availability of a wide range of modern insecticides. Pest control staff have been kept busy investigating, advising and carrying out appropriate insecticidal treatments. Pigeons have again given rise to many complaints of fouling of buildings and damage to property. Routine trapping has continued during the year but it is regrettable to find a number of misguided bird lovers who seek to frustrate our efforts to relieve their neighbours of the attentions of these unsavoury pests. Visits by pest control staff totalled three hundred and ninety five.

Public Conveniences

The survey of public conveniences mentioned in last year's annual report was made the subject of a report to the appropriate committees this year. Finally, consent was given to a programme of reconstruction, closure and provision of new conveniences over the next few years and it is proposed to make a start on this in the next financial year. The problem of vandalism continues despite every effort to make fittings as damage-proof as possible. It is truly amazing that the public should subject their own property to such deliberate, senseless and expensive damage and so often thereby deprive themselves of these necessary amenities.

Water

The following information has been supplied by the Manager of the Preston and District Water Board, Mr. J. F. Bailey, A.M.Inst.C.E., M.Inst.W.E., to whom I am indebted.

"The supply to consumers within our area has been satisfactory in quantity and quality. The taste and odour problem experienced in the past few years did re-occur but with a lesser intensity and for a shorter period and it is hoped that it is now on the wane.

No serious form of contamination has been experienced and the fluoride content has remained at a level of below 0.1 p.p.m. for many years and no new source has been added to affect this.

In the Borough 34,456 dwelling houses and a population of 97,365 are served directly from the Board's mains.

Samples of raw water from the intakes, aqueducts and storage reservoirs were taken at regular intervals according to a pre-determined programme. A total of eighty seven samples were examined.

Regular check samples for bacteriological and chemical analysis were also taken at consumer premises by the Water Board and ourselves and they were again consistently highly satisfactory.

The pH value of the water leaving the White Bull Treatment Plant is controlled at a value of nine (electronically measured) and has given satisfactory results throughout the area.

Eight checks of raw water for radioactivity were carried out by the Manchester Corporation Waterworks Laboratory and all readings were of a satisfactory low value."

Sewerage

I am indebted to Mr. R. A. Aspden, C.Eng., M.I.C.E., F.I.Mun.E., M.Inst.H.E., Director of Development and Works, who advises me that the arrangements for sewerage and sewage disposal in the Borough are considered satisfactory.

MISCELLANEOUS FUNCTIONS

Caravan Sites

No new caravan site was licensed during the year. The one site already licensed and containing only three caravans permanently occupied by elderly members of a former showman's family has continued in use without cause for complaint. Itinerant van dwellers occupying vacant land within the town have continued to present problems and by the end of the year no decision had been reached on the question of the Corporation's obligation to provide a permanent site.

Rodent Control

Routine poison treatment for rats in the town's sewers has been completed and a test baiting early next year should provide evidence of its effectiveness. Many complaints of rats continue to be made by householders and occupiers of business premises and each is carefully investigated. In a surprisingly large number of cases rodent staff find no evidence of rat activity on the complainant's premises. The explanation is sometimes found in the presence of mice or birds and sometimes by the sighting of a stray rat in the vicinity. No serious rat infestation of premises was encountered during the year.

Complaints of mice continue to be received but in most cases the alleged infestations are of a minor nature which could have been dealt with by the occupier. The prudent use of a few old fashioned mouse traps would in most cases deal with the situation more satisfactorily than the spasmodic application of some modern rodenticide. A total of 3,460 visits was made during the year in connection with rodent complaints.

Fertilisers and Feeding Stuffs Act

During the year seventeen samples were examined by the Agricultural Analyst. There were no requests from farmers for official samples to be obtained on their premises.

Rag, Flock and Other Filling Materials Act

There are seven premises registered on which filling materials to which the Act applies are used. There are no licensed producers or storage premises for rag flock. No complaints regarding filling materials were received during the year.

Pharmacy and Poisons Act

At the end of the year forty three persons were registered as sellers of Part II poisons. Inspections were carried out to ensure compliance with the requirements of the Act.

Noise Abatement

Last year's comments on the failure to control vehicle noise under the Road Traffic Acts appear to be still valid.

The situation shows no improvement and no serious attempt to enforce the Regulations appears to have been made.

Thirty one complaints about noise were received during the year. Many of these were found to be of a trivial nature or mere annoyances between neighbours and not sufficient to justify action under the Noise Abatement Act. Wherever possible, however, public health inspectors try to reduce the annoyance in such cases by informal approach to the persons concerned.

One unusual case which arose concerned a Bailey bridge erected some years ago by Lancashire County Council. The Bailey bridge was superimposed on the old railway bridge carrying the approach road to the County Council's offices over railway tracks and sidings. During the years since its erection the timbers forming the surface of the bridge had become warped and loose with the result that every vehicle passing across caused a terrific noise despite a five m.p.h. speed limit. Noise levels outside the nearest house were in excess of 90 db (A) for several seconds with the crossing of each vehicle. Correspondence between Preston County Borough Council and Lancashire County Council culminated in an ultimatum being given by the former that unless the necessary work to abate the nuisance was carried out within two weeks a statutory notice under the Noise Abatement Act would be served. This had the desired result and the surface of the bridge was quickly reformed in such a manner as to prevent noise.

Another noise problem not so easily solved resulted from the opening of a feeding stuff mill. This mill had been rebuilt on the site of a former mill of traditional brick construction which had been gutted by fire. The new mill was of modern construction the outer walls consisting of "Galbestos" cladding which offered little resistance to the noise produced by the highly mechanized plant within the mill. The operation of the mill on five nights per week produced a substantial noise nuisance affecting residents in the neighbourhood. The management of the firm concerned have been co-operative since the existence of the nuisance was brought to their attention in November and some improvement has been achieved by the end of the year but it is apparent that this is a problem for which a solution will not be quickly or easily found.



Before

NOISE PROBLEM SOLVED

After



Photo by courtesy of Lancashire Evening Post

Mention was made in last year's report of the noise nuisance arising from the operation of large diesel engined lifting machines by a container ferry firm at Preston Dock. Formal procedure having been followed, the firm were brought before Preston Borough Magistrates Court in November, 1970 where an Order was made requiring the abatement of the noise nuisance within three months. The firm appealed to Quarter Sessions and, disagreeing with that Court's legal rulings, appealed to the Divisional Court. The latter court found against the appellants and the matter came back to Quarter Sessions for final determination in December 1971. The magistrates' three months Order would then become operative in March 1972. Thus a statutory noise nuisance which came to the Council's notice in May 1969 was allowed to continue for almost three years before any effective sanctions could be applied.

Diseases of Animals

No outbreaks of notifiable disease of animals occurred in the Borough during the year and much of the inspection of markets is concerned with animals welfare. It is under such considerations of welfare that most of the animals detained in the market are dealt with, usually ending up by slaughter at the Municipal Abattoir.

During the year the Ministry of Agriculture, Fisheries and Food reduced the number of markets which were routinely inspected.

Very little differences occurred in the number of animals passing through the market during the year. The continuing high figures for pigs has necessitated further modifications to buildings to provide sufficient suitable accommodation. It is hoped to complete these alterations shortly.

No Irish animals were sold in the market during the year although 1,206 cattle came into the Borough for slaughter.

The number of animals passing through the market were as follows:

Dairy and Store cattle	5,893
Fat cattle	22,394
Sheep	50,621
Calves	19,800
Fat pigs	35,422
Store pigs	45,304

Three thousand, six hundred and seventy five licenses were issued during the year for the removal of pigs from the market.

Port Health

PORT HEALTH ADMINISTRATION

The Port Health District of Preston embraces the whole estuary of the River Ribble from Blackpool to Formby Point, and up the River Ribble and its tributaries to the furthest point to which the tide flows.

The dock, which is 3,200 feet long and six hundred feet wide, covers forty acres and is approached by an entrance basin eight hundred and fifty feet long and three hundred feet wide, an area of four and three-quarter acres.

The communicating locks are five hundred and fifty feet long and sixty six feet wide, with a depth of twenty nine feet six inches at high water ordinary spring tide. The dock is situated within the County Borough and is about sixteen and a half miles along the River Ribble from the sea.

The quays are over one and a half miles long. There are one hundred and seventy acres of storage ground and 590,000 square feet of covered floor space.

Section I Staff

Table 27.				
Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointment held
C. F. W. Fairfax	Port Medical Officer	1.1.69	M.B., B.S., D.P.H.	Medical Officer of Health
J. T. Carroll ..	Deputy Port Medical Officer	1.7.70	M.B., F.R.C.S., D.R.C.O.G., D.P.H.	Deputy Medical Officer of Health
I. M. R. Purdom ..	Boarding Medical Officer	17.9.57	M.B., Ch.B., D.P.H.	Departmental Medical Officer
K. Dowling ..	Boarding Medical Officer	1.2.69	B.A., M.B., B.Ch.	Departmental Medical Officer
K. K. U. Perera ..	Boarding Medical Officer	1.9.70	M.B., B.S., D.P.H.	Departmental Medical Officer
G. Wood ..	Port Health Inspector	17.5.68	Cert. P.H.I.E.B., Cert. Meat & Food	—
M. J. Alden ..	Deputy Port Health Inspector	17.5.68	Dip. P.H.I.E.B.	District Public Health Inspector

Address and telephone number of the Medical Officer of Health, Health Department, P.O. Box 66, Market Street, Preston, PR1 2EA. Telephone number Preston 54881.

(Ambulance Station telephone number Preston 55306).

For routine medical clearance of shipping the Port Health Inspector issues the P.S.3 certificate on receipt of satisfactory maritime declarations of health; medical staff being summoned only in the event of illness on board or at the request of the Immigration Officer.

Three medical officers were available for routine port health work with the above mentioned system working satisfactorily; boarding by doctors was not required. The number of ships from foreign ports boarded and inspected during 1971 by Port Health Inspectors was two hundred and eighty one.

Co-operation from H.M. Immigration Officers, The Trinity House Pilots, H.M. Customs Officers, the officials and staff of the Preston Port Authority, the shipping agents and others who have been contacted about various matters has assisted in the smooth running of the Port Health Authority's functions.

Section II Amount of shipping entering the district during the year

Table 28.					
Ships from	Number	Tonnage	Number Inspected		Number of ships reported as having or having had during the voyage infectious disease on board
			by the Medical Officers	Port Health Inspector	
Foreign Ports..	312	170,838	—	281	—
Coastwise ..	2,555	1,366,855	—	32	—
Total ..	2,867	1,537,693	—	313	—

Section III Character of shipping and trade during the year

Table 29(a). Passenger Traffic.					
Number of passengers INWARDS ..			5,876		
Number of passengers OUTWARDS ..			5,457		
Passengers to and from :			Foreign Ports	Irish Ferry Service	
Passengers in:	Alien		—	}	5,640
	British		236		
Passengers out:	Alien		—	}	5,243
	British		214		

The above figures do not include "supernumerary" crew (i.e. wives of the crew members etc.) who are nevertheless subject to the Aliens Orders, 1957 and included in the figures shown in Section XV (4).

Table 29(b).
Cargo Traffic.

Principal Imports.

Animal feeding stuffs, arsenic, asphalt rock, bacon, butter, bananas, bitumen, canned foods, citrus fruits, coconuts, confectionery, eggs, fertilizers, fish oil, frozen foods, fuel oils, grain, hardboard, hides, maize, meat, meat products, milk products, paper, petroleum, potatoes, poultry, sulphur, timber, wood-pulp, vehicles and containers.

Principal Exports.

Barbed wire, canned goods, cloth goods, coal, coke, cotton goods, fruit, iron and steel, machinery, meat and offal, pitch, soap, scrap-iron, tar, vehicles and containers, wines and spirits.

1969	...	Total imports	1,130,121 tons.	Total exports	770,999 tons.
1970	...	Total imports	1,241,514 tons.	Total exports	1,009,064 tons.
1971	...	Total imports	1,201,930 tons.	Total exports	1,013,222 tons.

Table 29(c).
Principal ports from which ships arrive - Foreign.

Foreign

North America:	Carleton, N.S., Newcastle, N.S., Weymouth, N.S.
Antilles:	Barbados, Bridgetown, Grenada, Kingstown, Port Castries, Port of Spain, Portsmouth, Rosseau, St. Lucia, St. Vincent.
Belgium:	Antwerp, Ghent.
Denmark:	Copenhagen, Esbjerg, Frederikshun, Hirtshals, Koge, Skagen.
Finland:	Hamina, Jacobstad, Kasko, Kemi, Kotka, Mantyluoto, Oulo, Rauma, Turku, Topila, Yxpilia.
France:	Bayonne, Bordeaux, Brest, Donges, Rouen, Tonnay, Sete.
Germany:	Bremen, Emden, Hamburg, Kiel, Wismar.
Holland:	Amsterdam, Delfzyl, Groningen, Rotterdam.
Middle East and North Africa:	Casablanca, Ceuta, Kenitra.
Norway:	Follafos, Frederikstad, Halden, Haugesund, Hommelvik, Kristiansund, Larvik, Lauvsnes, Narvick, Oslo, Porrsgrunn, Steinjker, Sarsborg, Tofte, Vadheim.
Poland:	Gdansk, Stettin.
Portugal:	Leixos, Setubal.
Sardinia:	Cagliari, Porto Torres.
Spain:	Avilles, Bilbao, Gijon, Pasajes, Seville.
Sweden:	Dansjo, Domsjo, Gefle, Gothenburg, Gota, Halmstad, Helsingborg, Hernosand, Husum, Iggesund, Karlstad, Kramfors, Marieborg, Munksund, Norrkoping, Norsundet, Ostrand, Ronnskar, Skelleftea, Skutskar, Sundarme, Sunsvall.
U.S.S.R:	Archangel, Kalingrad, Leningrad, Murmansk, Onega, Stalingrad, Tallin.

British Isles

Ardrossan, Barrow, Belfast, Bristol, Drogheda, Dublin, Fowey, Glasgow, Greenore, Larne, Liverpool, London, Londonderry, Manchester, Milford Haven, Swansea, Stanlow, Workington.

The principal imports from foreign ports continue to be timber and woodpulp chiefly from Scandinavia and the U.S.S.R., and to a lesser degree from North America, North Africa and Spain. Ships from the British West Indies continued to use the dock during the year importing bananas, citrus fruits and coconuts.

The container and ferry services from Northern Ireland and Eire provided the bulk of shipping entering the port. The use of containers for general cargo is increasing.

Section IV Inland Barge Traffic

There is no inland barge traffic to or from the Port of Preston.

Section V Water Supply

1. Source of Supply

- (a) District
(The Dock Estate)—Preston and District Water Board.
- (b) Shipping
District supply from hydrant and hose.

2. Reports of Tests for Contamination

(a) District

	Satisfactory	Unsatisfactory	Total
Bacteriological	—	—	—
Chemical	—	—	—
Total	—		

(b) Shipping

	No. of ships involved	No. samples taken	No. satisfactory	No. unsatisfactory	Total
Distribution aboard ship	4	6	5	1	6
Storage aboard ships	2	2	2	—	2
Total	6	8	7	1	8

The bacteriological failure of the one sample was notified to the master. The vessel proceeding on to dry-docking and tank cleaning.

3. The supply of water to shipping is under the direct control of the Port Authority who employ a special staff for this purpose. Regular surveillance of fresh water supply hydrants, hoses and equipment is maintained so as to prevent contamination and ensure cleanliness and proper use of such appliances.

4. No water boats are used in the Port of Preston.

Section VI Public Health (Ships) Regulations 1970

1. List of infected areas (Regulation 6)

The list of infected areas is prepared from, and amended as necessary, with details obtained from the World Health Organisation in the Weekly Epidemiological Record and is drawn up in the form of the W.H.O. list. Copies of the list are supplied to the Trinity House Pilotage Office, Preston and H.M. Waterguard Office, Preston.

2. Radio Messages

Preston is not a radio transmitting and receiving port, as defined by the Public Health (Ships) Regulations, 1966, for the purposes of regulations 13 and 14 (1) (a) and (2).

During the hours of the tidal period, the Master of a vessel lying within the limits of the Port of Preston, and equipped with V.H.F. radio, can report any sickness or untoward circumstances requiring the attention of the Port Health Authority through the Port's V.H.F. Radio Navigation Service operated from the Locks. Any such message is passed by telephone to the Port Medical Officer. Any ship not equipped with V.H.F. radio can have the boarding Pilot arrange for a message to be transmitted via the V.H.F. aboard the pilot cutter.

3. Notification otherwise than by radio

Shipping Agents are usually in radio/telephone communication with ships before they enter the harbour limits and any message requiring attention of the Port Medical Officer is passed by them to the Port Health Authority.

Ships requiring a Boarding Medical Officer are required to show the statutory signals as per schedule 1 the Public Health (Ships) Regulations 1970.

4. Mooring stations

By agreement with the Port Authority, arrangements exist for the breasting off of any ship at the discharging berths allocated, where such action is considered necessary by the Port Medical Officer. This is done by placing one of the barges of about twenty foot beam which are always available between the vessel and the quay, whilst the vessel is subjected to the prescribed measures.

This arrangement obviates the necessity of moving the vessel from one berth to another and facilitates the discharge of her cargo whether during or when freed from control.

5. Arrangements For:

(a) Hospital accommodation for infectious diseases

All cases of infectious disease other than smallpox are removed to Deepdale Hospital, Blackpool Road, Preston.

(b) Surveillance and follow up of contacts

Surveillance is carried out as suggested in Section 18 (2) and Section 37 of the Public Health (Ships) Regulations, 1970.

(c) Cleansing and disinfection of ships, persons, clothing and other articles

The cleansing and disinfection of ships is carried out under the supervision of the Port Health Inspector, clothing, bedding, etc., are removed in the Health Department's disinfection vehicles to the disinfection plant at the Ambulance Station, Deepdale Road, Preston.

Arrangements can also be made for persons to be cleansed and disinfested at the Greenbank Health Centre, Ripon Street, Preston, and bedding, etc., in the steam disinfector at the Ambulance Station, Deepdale Road, Preston.

Section VII Smallpox

1. The reception of smallpox cases into hospital is in the hands of the Manchester Regional Hospital Board who advise as to which hospital is available for such purpose. Normally Sankey Hospital near Warrington, is being retained as the first regional hospital to admit cases of smallpox.

2. Responsibility for the transport of all cases, suspect cases or contacts of smallpox rests with the Lancashire County Council Ambulance Service.

Ambulance crews are given regular smallpox vaccination.

3. Smallpox Consultants:

Professor A. B. Semple, Health Department, Hatton Garden, Liverpool 3.

Tel: 051-236 8433 and 051-428 2081 (Home).

Dr. T. L. Hobday, School of Hygiene, Mount Pleasant, Liverpool.

Tel: 051-709 2542 and 051-733 4333 (Home).

Dr. A. G. Ironside, Monsall Hospital, Newton Heath, Manchester 10.

Tel: 061-205 2254 and Marple 1488 (Home).

Dr. A. B. Christie, Fazackerley Hospital, Liverpool 9.

Tel: 051-525 2324 and Formby 3368 (Home).

Professor K. McCarthy, Liverpool University.

Tel: 051-709 7983 and 051-722 5560 (Home).

4. Facilities for the laboratory diagnosis of smallpox are available at The Department of Bacteriology, University of Liverpool, under the direction of Professor K. McCarthy, and at the Central Public Health Laboratory, Colindale, under the direction of Dr. C. L. Miller.

Section VIII Venereal Disease

The venereal disease clinic at the Preston Royal Infirmary is open at the following times:

Tuesday	5 p.m.—7 p.m. Women
Wednesday	5 p.m.—7 p.m. Men
Thursday	2 p.m.—4 p.m. Women
Friday	5 p.m.—7 p.m. Men

Male patients from ships likely to sail before the next male clinic can also be seen on Tuesdays and Thursdays.

Information leaflets are supplied to ship masters where necessary and liaison is maintained with the ship agents to ensure treatment wherever possible.

Section IX

Table 30. Cases of notifiable and other infectious diseases on ships.				
Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Nil	Nil	Nil	Nil
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	Nil	Nil	Nil	Nil

No cases or suspected cases of smallpox, cholera, plague, yellow fever, typhus or relapsing fever occurred during the year.

Section X Observations on the occurrence of Malaria in ships

No case of malaria occurred during the year.

Section XI Measures taken against ships infected with or suspected for plague

No ship infected with or suspected of carrying plague arrived during the year. In the event of such an occurrence action in accordance with the measures outlined in Part I of the fourth Schedule Public Health (Ships) Regulations 1970 would be pursued.

Section XII Measures against rodents in all ships from foreign ports

1. Procedure for inspection of ships for rats.

All foreign going vessels are inspected in the following order of priority:

- (a) Vessels from infected ports
- (b) Vessels from non-infected ports
- (c) Foreign going vessels that have arrived from another port in the British Isles.

A rodent operator sets traps on vessels where evidence of rats is found and revisits these and other vessels from foreign ports while cargo is being discharged. During the year he carried out a rodent search of three hundred and fifty ships from foreign ports and one hundred and twenty one coastwise ships, making one hundred and forty five revisits to such vessels.

2. Arrangements for the bacteriological or pathological examination of rodents with special reference to rodent plague.

Rodents caught are placed in muslin bags, dipped in paraffin, labelled and despatched to the Public Health Laboratory, Preston.

No rodents were sent for examination.

3. Arrangements in the District for deratting ships.

The deratting of vessels prior to the issue of Deratting Certificate may be effected with hydrogen cyanide or sodium fluoroacetamide. Such procedure would be carried out by an approved commercial contractor. No deratting has taken place since 1963, the contractor on that occasion being Rentokil.

The high standard of rat proofing, the type of vessel entering the port and the ports of call of such vessels were factors which led to inspections revealing mainly rodent free vessels.

4. Progress in rat-proofing of ships.

Rat proofing was found to be satisfactory on the vessels inspected and no repairs or improvements were required. Modern ship building is such as to leave a few structural harborage points for rodents and this is particularly so in the case of container traffic, which only have one large hold.

All food containers are inspected for the presence of rodents, five hundred and twenty inspections were carried out but no rodents were discovered.

Table 31.
Rodents destroyed during the year in ships from foreign ports.

Category	Number
Black rats (<i>Rattus rattus</i>)	—
Brown rats (<i>Rattus norvegicus</i>)	—
Species not known	—
Rats sent for examination	—
Rats infected with plague	—
Mice	—

Table 32.
Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports.

Number of Deratting Certificates Issued					Number of Deratting Exemption Certificates Issued (6)	Total Certificates (7)
After fumigation with H.C.N. (1)	Other fumigant (2)	After Trapping (3)	After Poisoning (4)	Total (5)		
—	—	—	—	—	36	36

In addition to his visits to shipping the rodent operator makes regular inspections of the dock estate. During the year he made three hundred and ninety two inspections of premises and land and discovered twenty three infestations. Nineteen rats and six mice were found dead after laying bait. The more realistic estimate of the "kill" is to be judged from the fact that of six hundred and thirty five poison baits which were laid one hundred and sixty one were consumed. No heavy or major rodent infestation was found on the dock estate.

Section XIII Inspection of Ships for Nuisances

Table 33.
Inspection of Ships for Nuisances.

Nature and Number of Inspections	Defects Found	Notices Served		Defects Remedied
		Statutory Notices	Other Notices	
Total number of ships visited .. 313				
The following defects and nuisances were found :				
Vermin	1	—	—	1
Heat, Light and Ventilation	—	—	—	—
Washplaces and fittings dirty and defective ..	—	—	—	—
Drainage defective	1	—	—	1
Sanitary accommodation defective	1	—	—	1
Food stores, preparation places and fittings dirty and defective	2	—	—	1
Accommodation dirty and defective	2	—	—	1
Drinking water systems defective	1	—	—	—
Refuse accumulations	1	—	—	1
Smoke emissions	3	—	—	3
Totals	12	—	—	9

Of the three hundred and thirteen ships visited, two hundred and eighty one were from foreign ports: the remainder being coastwise or from Ireland. There were fifty seven foreign and six coastwise revisited.

The majority of ships entering the port are of modern construction with a good standard of crew accommodation. In recent years few structural defects have been noted and most nuisances discovered have been unhygienic features which are quickly remedied. Statutory action was not found to be necessary on any occasion.

Section XIV Public Health (Shell-Fish) Regulations, 1934-1948

Mussel gathering in the Ribble Estuary was controlled by the Ribble Mussel Fishery Order, 1936, until this order was revoked in April 1961, at the request of the Lancashire County Council. Under this order, the County Council were the granters of licences to pick mussels. The sale or distribution for human consumption of mussels taken from within the Preston Port Sanitary District, which embraces the Ribble Estuary, is still controlled by the Preston (Shell-Fish) Regulations, 1923. Under these regulations, mussels must be subjected to an approved process of cleansing. The Lytham Mussel Purification Station, operated by Lancashire County Council was closed in April 1957 through lack of demand. The last consignment of mussels picked from these beds and sent for cleansing was in 1957.

The nearest cleansing stations to the estuary are at Conway, Bangor and Portmadoc.

Section XV Medical Inspection of Aliens and Commonwealth Immigrants

1. The following Medical Inspectors held warrants of appointment during 1971, under both the Aliens Order, 1953 and the Commonwealth Immigrants Act 1962.

Dr. C. F. W. Fairfax
 Dr. J. T. Carroll
 Dr. I. M. R. Purdom
 Dr. K. Dowling
 Dr. K. K. U. Perera

2. Apart from occasional clerical work, no other staff are engaged.

3. Upon receipt of requests from the Home Office Immigration Officer, Aliens and Commonwealth Immigrants on arrival at the port are medically examined by a Medical Inspector.

4a. Alien Arrivals

Total number of arriving ships carrying aliens	..	..	..	26
Total number of aliens arriving at the port	..	..	..	58
Total number of aliens medically examined	..	..	..	Nil
Certificates issued	..	..	..	Nil

Commonwealth Immigrant Arrivals

Commonwealth citizens subject to control	..	..	..	10
Commonwealth citizens medically examined	..	..	..	Nil
Certificates issued	..	..	..	Nil

4b. Number of conditional Entries of Commonwealth Citizens

Number of arrivals	..	..	..	..	..	..	10
Number medically examined	..	..	..	..	..	..	Nil
Number landed conditionally	..	..	..	..	..	..	Nil

5. Medical Inspection of Aliens and Commonwealth Immigrants is carried out on board ship.

Section XVI Miscellaneous

(a) Arrangements for the burial on shore of persons who have died on board ship from infectious disease.

Arrangements for the interment of a deceased member of the crew of any vessel is the concern of the shipping agent and the following procedure would be adopted in the event of a death from infectious disease. The Superintendent of Mercantile Marine acting for the Ministry of Transport would be notified immediately. The body would be removed by the Health Department staff to the mortuary of the Deepdale Hospital, Preston, for the purpose of local enquiry and verification of the cause of death.

(b) Food Inspection

The tonnage of foodstuffs arriving at the port remained fairly static. It comprised mainly, bacon, bananas, butter, canned meat, canned fruits, coconuts, confectionery, eggs, frozen food, meat and meat products, milk powder and milk products, poultry and potatoes. Several ships arrived from the British West Indies with bananas and citrus fruits.

The majority of incoming food cargoes comes from Northern Ireland and Eire, arriving on all tides. Large amounts are carried in containers, but some, mainly bacon, continues to be conveyed on open "flats" covered with tarpaulin sheets.

Transshipment of food cargo is still very common. Inspection of transhipped food is carried out by arrangement.

Containerised foodstuffs still remain a problem for inspection because in most instances the food is present on the dock for so short a period as to make inspection impossible without considerable hindrance to the efficiency of the container ferry service.

All foodstuffs that are "imported" under the Imported Food Regulations 1968 are either examined at the port or at the final destination. The system works smoothly, co-operation of the Customs and Excise, dock transport industry and ferry services have assisted the inspector in carrying out his duties. During the year approximately five hundred and twenty consignments of food were inspected. Only approximately twenty loads were notified to inland authorities.

Quantities of bacon, eggs, potatoes, and canned foods were found to be unfit for human consumption, it being noted that the most common cause of complaint was either faulty packing or dock handling.

(c) Food Sampling

A total of sixty nine samples of food were taken during the year of which forty three submitted to the Public Analyst for chemical examination including, bananas, potatoes, oranges, canned foods. One sample was reported unsatisfactory.

Of the twenty six samples submitted for bacteriological examination six were found to be unsatisfactory, these samples being fresh mussels taken from the training walls in the river channel, not used for human consumption.

(d) Food Hygiene

There are no new matters to report. Containers and flats continue to be maintained in good condition. As has been found previously, however, the main criticism must be levelled at the handlers of foodstuffs. Many, not being full-time food handlers, tend to forget to treat the food with the respect it deserves.

Any contraventions found are very minor and usually remedied at the time of visit, managements being only too willing to oblige in any matter.

Daily visits continue to be made to the bacon transshipment bay and ferry container berths to ensure maintenance of satisfactory standards of food hygiene.

No complaint can be made regarding the private canteens on the dock estate and all are reasonably well maintained.

(e) Dock Estate

During the year the port health inspector made three hundred and fifty two inspections of the dock estate.

The sewage scheme on the northern side of the dock is almost completed and expected to be in use in the new year.

The appeal by the container firm using the dock against a Nuisance Order obtained from the Magistrates Court was heard early in the year; however, during this hearing several points of law were raised and the appeal was then taken to the Court

of Appeal, Queens Bench Division. The findings of this Court were made known at the latter end of the year and the case was re-opened at Preston Quarter Sessions, where the appellants, upon advice, withdrew their appeal and the Nuisance Order was confirmed with slight amendments.

(f) Smoke Control

The entire area of the dock estate is within operative Smoke Control Orders resulting in effective control of smoke emission from installations on the estate.

Smoke from ships has now almost completely disappeared, coal burning ships no longer using the port. On the occasions it was found necessary to note smoke emissions ready co-operation was received from ships' captains and engineers to abate same. No statutory action was found to be necessary.

(g) Diseases of Animals Act, 1950, and Orders

No livestock were transported through the port.

Health Education

It is interesting to note that the American Medical Association has stated that "health is a basic and major objective of education and is fundamental to the present and future of the nation, and that nothing is more important and nothing should be allowed to interfere with the time the teacher should devote to health." The health education officer and other members of the department spend a considerable amount of effort in persuading teachers that time given to health education matters, in school, is very worthwhile. Fortunately most schools are becoming more involved in health education programmes and there is excellent co-operation between the schools and the health education unit.

Schools

I am again pleased to report that there has been a further increase in health education activity in schools in the form of lectures and illustrated talks during the year by the Health Education Officer and other members of the department, who find a considerable amount of "job satisfaction" in this type of work.

Children usually respond better than do older people to health education. It is more difficult to change the ways of adults—most of which are already fixed. Therefore the earlier a person is taught and learns the principles of healthy living, the more likely it is that they will be applied.

The more health education received before an individual reaches adulthood, the easier it will be for official and voluntary health agencies to carry on from there, since they will be dealing with a more informed and sympathetic adult. Some health education will be taken home to the parents by children receiving health education in schools.

Programmes of health education in operation in schools include: Services provided by the Local Health Authority, Sex Education, Personal Relationships, Sexually Transmitted Disease (V.D.), Personal Hygiene, Smoking and Health, Misuse of Drugs, The problem of Alcoholism, Diet, Care of the Feet, Family Planning, Budgeting Problems and the Health of the Family, Emergency Resuscitation, Initial First Aid, Accidents in the Home and Dental Care. There are Mothercraft courses in a number of schools and I am indebted to the Health Visitors who are running these courses as this entails extra effort on their part and involvement makes further inroads on their valuable time. More mothercraft could be done in schools if more staff were available.

Colleges

There has been a still greater call on the Health Education Officer's time in giving lectures to full-time and part-time students. A wide variety of health topics have been covered including family planning. Two specialist Public Health Inspectors have been involved in giving a number of lectures in one college.

Again the Health Education Officer was unable to allocate more time to health education in colleges of further education. This is certainly a field of health education that could be extended still further if staff were available.

Leaflets and Posters

Leaflets on child health and other subjects were available, free of charge, from leaflet display racks at each of the clinic premises in the town. Comprehensive stocks of leaflets were maintained at the Health Education Units central leaflet and poster store. The cost of producing and purchasing leaflets and posters is now very high and causes a strain on the health education budget allowance.

Posters are periodically sent out to schools, factories, clinics, doctors' surgeries and occasionally for display on the hoardings. Again the costs of displaying on poster sites in the Borough is very high, particularly those owned by the Corporation itself, i.e. the new bus station and its approaches.

Lectures and Filmshows

Illustrated talks were given on a wide range of subjects to Youth Clubs, Young Wives Groups, Over 60's Clubs, Parents Meetings, Voluntary Organisations, etc.

Displays

During the year displays have been mounted on various current health topics in the display window in Market Street.

Portable displays have been produced in the health education unit and have been used in hospitals and schools on the subject of "Accidents in the Home". One particular display mounted was entitled "Meet the Staff" and depicted various members of the Health Department Staff, e.g. Health Visitors, Receptionists, the Care-taker, Midwives, District Nurses, etc. It is intended to extend this means of educating the public.

Audio-Visual Aid Library

Constant use is made by staff in schools and other members of the department of a comprehensive range of filmstrips, slides, transparencies, wall charts, flanelgraphs, etc.

There is a small selection of health education films, but this will be enlarged as funds become available. Unfortunately, films do become out-of-date and are costly to replace.

Exhibition

In August a three-part exhibition was staged in the Health Department. The first section dealt with "Ascertainment of Handicaps", one section showed a simple method of "self examination" of the breasts, and the other the work of the public health inspector. The co-operation and effort given by various members of the department was greatly appreciated.

School Health Service

A. GENERAL INFORMATION

1. Statistics

Statistical data and Tables relating to the medical inspection of school children and details of school population are given in the Tables on pages 119 to 125.

Under the Education (Handicapped Children) Act 1970 educational provision was extended to all mentally handicapped children as from 1st April, 1971. From that date the Elms Junior Training Centre, administered by the Health Department, was transferred to the Education Department and became known as Elms Special School for Educationally Subnormal Pupils. Apart from this change there was no alteration in provision of primary, secondary or special schools during the year, no new premises being opened nor old ones closed.

2. Staffing and Organisation of the Service

From June 1971 a full complement of five doctors was available for duties within the school health service. Four of the doctors are full-time departmental medical officers while one, although only employed part-time by the authority, is engaged almost entirely in school health work. With further implementation of the policy of health visitor attachment to general practices, health visitors have been less available for attendance at routine medical inspections and immunisation sessions in the schools. These duties have often, therefore, devolved on the clinic nurses of whom there were nine employed at the end of the year (four full-time, five part-time). The number of health visitors engaged in school health work was twenty five. It is gratifying to be able to report the appointment of two physiotherapists in the first half of 1971 and one speech therapist in August in view of the total lack of these medical auxiliaries during 1970.

There has been no review by the Organisation and Methods team of the work of the professional staff within the school health service. While this is essential for any true appraisal of the organisation and functioning of the school health service it seems unlikely now to take place with the advent of an integrated health service less than two years hence.

3. Epidemiology

Details regarding infectious diseases and immunisation will be found in the section on Epidemiology. Attention is especially drawn to the table on page 59 giving details of the scheme for routine vaccination of schoolgirls against german measles. On page 51 there is a report on the use of a nasal rubella vaccine in a trial carried out in conjunction with Dr. D. N. Hutchinson, Consultant Pathologist, during the autumn term. Information regarding tuberculosis in school children and its prevention by B.C.G. vaccination is given on pages 118 and 119.

4. Deaths of school children

During 1971 eleven Preston children of school age died: five boys, six girls. All but two of these were children of primary school age with an average age of seven years. Table 34 shows the numbers of school children dying from accidents, malignant diseases and from other causes in the years 1963-1971. As in the previous two years four children died in 1971 as a result of accidental injury, two boys and two girls

all in the age range six to eight years. One boy and one girl both died as the result of head injuries sustained when knocked down by a motor vehicle near their homes. One boy died following head injuries sustained in a fall in the school playground while an eight year old girl was drowned in the river Ribble.

Of the three deaths from malignant disease two were caused by acute leukaemia. The four "other causes" of death were acute infection in two cases, one case of intracranial haemorrhage and one case of congenital heart disease.

Table 34.
Deaths of School age Children in Preston.

Years				Accidents	Malignant Diseases	Other Causes	Total Deaths
1963	..	..	..	2	1	4	7
1964	..	..	..	1	2	2	5
1965	..	..	..	3	3	2	8
1966	..	..	..	2	1	2	5
1967	..	..	..	2	—	2	4
1968	..	..	..	1	—	3	4
1969	..	..	..	4	2	6	12
1970	..	..	..	4	1	7	12
1971	..	..	..	4	3	4	11
Totals ..				23	13	32	68

5. Health Education

Details of health education in schools are given in a separate section of the main report.

B. ROUTINE EXAMINATIONS

1. Periodic Medical Inspections

Routine medical inspection was continued during 1971 on pupils aged 5+ and 14+ years and also on the majority of pupils in their last year at primary school. Selective examination of this latter group has largely been abandoned in favour of routine examination although the special questionnaire to parents is still used. With the raising of the school leaving age to sixteen years from next year the age for the final medical examination may appropriately be raised by one year but there is no intention of introducing a sudden complete change in the present procedure.

During 1971, 5,213 children were examined. The general physical state of the school population has remained good with none of these children being recorded as of unsatisfactory physical condition. The total number of defects found in those examined was 3,591 of which 1,901 required treatment and 1,690 were considered to require observation. Details are given on page 121.

Routine urine testing for boys and girls undergoing their final medical inspection, first introduced in November 1970 was continued during 1971. This test is to detect evidence of sugar or protein in the urine. (Altogether 1,109 pupils were tested 532 boys, 577 girls). While a number required re-testing no cases of renal disease or diabetes mellitus were detected. Urine culture by the "dipslide" method was introduced during the year in a pilot scheme to assess its value as a further routine test of urine for schoolgirls at their final medical examination. The known low incidence of urinary tract infection in boys did not warrant including them in the trial. By the end of the year one hundred and ten girls had been screened by Uricult dipslide. Of these, specimens from ninety three girls were negative on culture, while thirteen gave evidence of insignificant bacteriuria (10^3 bacteria/ml). Four specimens showed bacteriuria of 10^4 bacteria/ml. Further clean midstream specimens were taken from these girls but no evidence of significant bacteriuria, and therefore of urinary infection, was detected. It was considered that the number examined in the pilot trial was insufficient to decide on the future use of this test. Accordingly it is proposed to continue the trial during 1972 until approximately five hundred girls have been screened.

During 1971 medical inspection of schoolchildren newly immigrant to the town was continued. This included routine tuberculin testing and B.C.G. vaccination where appropriate. Details are given in the section on Epidemiology on page 52.

2. Hygiene Inspections

There has been no change in the incidence of head louse infestation during 1971. Overall 8.45% pupils were found to have evidence of infestation. The table on page 122 gives figures for boys and girls while Table 35 across gives comparative figures for primary and secondary schoolchildren. The incidence in girls was over 10% in both primary and secondary schools. It is remarkable that despite the frequency of long hair styles in secondary schoolboys they have shown a decreased rather than an increased incidence of infestation.

A report on this chronic problem was presented to Committee in January 1970. In this report the incidence of infestation in schoolchildren over the previous decade was detailed. This showed that between 1961 and 1970 the incidence fluctuated between the lowest level of 5.97% in 1965 to the highest level of 10.4% in 1962 with an overall average of 7.6%. Health Education often fails to reach, let alone influence, many of the parents of families chronically afflicted with this condition. The increasing apathy of these parents regarding their responsibility in the problem has compelled continuation of cleansing centre provision. Indeed since 1965 provision for cleansing has been extended to Avenham and Ribbleton clinics in addition to Greenbank and Cuttle Street clinics. Recommendations were made in the report for the appointment of a full-time peripatetic hygiene attendant to carry out treatment in schools which were remote from treatment centres. It is regrettable that while the recommendation was agreed in principle it could **not be implemented because provision of transport or a car allowance, an essential requirement, was not agreed.** It has been possible to alleviate the problem in one primary school where incidence of infestation was particularly high, by arranging for treatments at the school by one of the clinic hygiene attendants. Staff time, however, would not allow this arrangement to be extended to other schools.

The introduction of malathion lotion 0.5% in the treatment of head louse infestation during the past year should certainly help in combating the condition. It has a prolonged residual action and is strongly ovicidal.

Table 35.
Head Louse Infestation 1971.

	Secondary Schools			Primary Schools		
	Boys	Girls	Total	Boys	Girls	Total
Number of pupils inspected 1st January—26th March	1,687	1,562	3,249	5,235	4,931	10,166
Number of these pupils with head- louse infestation	69	162	231	320	582	902
Percentage found to have head- louse infestation	4.09%	10.37%	7.11%	6.11%	11.80%	8.87%

3. Routine Vision Testing

The Keystone Vision Tester continued to be used for screening of vision of children aged 8+ and 12+ years. This has the advantage of providing standardised test conditions and, in addition, testing is not for visual acuity alone but also for depth and colour perception and muscle balance. During 1971, 2,897 children were tested in these age groups of whom four hundred and fifty six failed the test. This gives a failure rate of 15.7%. This rate has not varied much over the years. Testing of vision associated with the three periodic medical inspections continued with use of the Snellen's Chart or Hands Test or the Stycar Vision Test. In these cases it has been more difficult to ensure consistent test conditions with consequently greater variation in failure rates from year to year.

4. Routine Audiometry

Sweep testing of hearing by pure tone audiometry was carried out in schools by the clinic nurses on children aged 5+ years. Each ear is tested separately at a fixed intensity of 25 db over frequency range of 250-6,000 c.p.s.

During 1971, 1,508 children were tested, of these one hundred and fifty nine (10.5%) failed the test and these were reviewed by the School Medical Officer, one hundred and four of them being referred for full pure tone audiometry. The remainder were either considered to have normal hearing or were referred for removal of wax or were already known cases of impaired hearing attending an ear, nose and throat clinic. Of the ninety five children re-tested by full pure tone audiometry fifty four were found to have normal hearing. Clearly a number of those failing the sweep test in school were suffering from temporary catarrhal deafness but unsatisfactory test conditions in certain schools and a lack of co-operation from a child on initial testing are both relevant factors. There were forty one children who failed the pure tone audiogram of whom one will be re-tested in 1972 and another was under regular review at the E.N.T. clinic. There were thirty nine children referred to the ear, nose and throat specialist of whom nineteen were listed for removal of adenoids and/or myringotomy, ten were kept on periodic review while seven were discharged as satisfactory. There were three defaulters.

C. SPECIAL EXAMINATIONS

1. Special Medical Inspections

In the main, review of defects in children is limited to those which could handicap educational progress and might require special provision. In addition where there is a likelihood of a child being deprived of normal medical care re-inspection may be undertaken. Special inspection may also be required because of problems posed by parent, teacher or school nurse. Figures in the table on page 121 are of defects discovered in the course of special inspection and not previously noted.

While there is no enuretic clinic as such, medical advice is given to parents regarding the problem of nocturnal enuresis. Investigation includes urine culture to exclude urinary tract infection and the use of "Uricult" dipslides has facilitated this. Results are reported to the family doctor. In a condition which is normally self-limiting evaluation of any treatment is difficult. Both drug treatment and the use of the enuretic alarm have a place in the treatment of this condition. Issue of the bell and pad apparatus continued during 1971 with eighteen pupils completing treatment during the year, thirteen of them successfully.

2. Examination of Children for Reception into Care

Examination for freedom from infection is undertaken for the Social Services Department of children being received into care. The examination includes the taking of nose and throat swabs. Where pathogenic organisms are isolated children are referred to the attending medical practitioner. There were sixteen in this category out of one hundred and seventeen children examined during the year.

3. Weekly school visits by Nurse

Either a health visitor or a clinic nurse is attached to each school to help in the investigation and follow up of problems of school children. Their weekly visits to the school prove invaluable.

4. Juvenile Employment and Convalescence

There were eighty eight pupils examined in 1971 to assess fitness for juvenile employment.

The Craig Convalescent Home, Morecambe, continued to provide a fortnight's convalescent holiday for Preston school children. Most of these are deprived children without any medical condition warranting convalescence. For each child a medical certificate is required indicating that there is no medical contraindication to the holiday and that the child is free from infection. During 1971, there were sixty boys and sixty four girls who had the benefit of this change.

5. Training College Entrants and School Teachers

There were one hundred and four candidates for teacher training colleges medically examined during the year and six teachers entering employment from college.

D. HANDICAPPED PUPILS

1. Ascertainment

Full medical assessment of children with handicaps is essential and an important and rewarding aspect of the school doctor's work.

The possibility of several handicaps existing in one child needs to be remembered. This has been emphasized by the recently published findings of the National Child Development Study (1965) which indicates the increased prevalence of cerebral palsy, mental subnormality, clumsiness and also poor speech and maladjustment in children with squints.

From 1st April, 1971 the Education (Handicapped Children) Act 1970 extended educational provision to all mentally handicapped children. Medical ascertainment of these children still remains vital albeit changes in the wording of recommendations with the repeal of Section 57 of the Education Act 1944. While for many of these children mental assessment is carried out by the examining doctor, for others testing by the educational psychologists has been requested and their valuable reports are gratefully acknowledged.

Details of assessments carried out by the medical staff are shown in a table on page 123 while Table 37 gives the special educational provision for the various categories of handicap.

2. Special Educational Provision in Ordinary School

The two categories of handicapped pupils requiring special educational treatment in an ordinary school are pupils with partial hearing loss or those affected by defective speech.

Provision for partially hearing pupils may consist solely of the use of a hearing aid with appropriate positioning in the class room. There were eighteen pupils provided for in this way. The partially hearing unit at Holme Slack Primary School continued to provide for hearing impaired children of primary school age who otherwise might have required residential placement. There were ten pupils in the unit at the end of the year, seven of them being from the County area and two boys and one girl from Preston.

The number of children in ordinary schools listed for speech therapy was one hundred and fourteen. Details regarding speech therapy provision are given on page 124.

Only one of the ten Preston school children who suffer from diabetes mellitus has required special educational provision. This is a girl with the additional handicap of hemiplegia. The remainder were satisfactorily placed at ordinary school where appropriate dietary provision can be made through the school meals service.

3. Home Teaching

The total number of pupils requiring home tuition in 1971 was twelve, the highest annual figure since 1966. Seven of these children, however, only required this provision for one term at the most, three of them being cases of accidental injury. Only two of the children required to continue home teaching into 1972. Of the ten who completed the provision during 1971 six returned to ordinary school and one left the district. The boy with spina bifida and a girl with nephrosis returned to Moorfield Special School. One girl with a cerebral tumour died. Table 36 on page 94 gives further details.

Table 36.
Analysis of Pupils on Home Teaching — 1971.

Diagnosis	Sex	Age (years)	Duration of Home Teaching
Congenital Conditions			
Bladder defect (operation) ..	F	9	Commenced November 1971
Spina bifida	M	7	Intermittently for 18 months
Spinal curvature	M	8	Two and a half years
Acquired Conditions			
Cerebral tumour	F	10	Three months ..
Nephrosis	F	13	Three months
Osgood-Schlatters disease ..	F	13	Two months
Pott's disease	M	5	Commenced November 1971
Rheumatic heart disease ..	F	15	Nine months
Tumour of leg (operation) ..	F	7	Ten months
Accidental Injuries			
Injury to foot	M	13	One month
Fracture femur	F	13	One month ..
Burns of legs	M	12	Three months

Table 37.
Children in Residential Special Schools.

Category	School	Number of Preston Children
(a) Blind Pupils	Rushton Hall School, Kettering	1
(b) Partially sighted pupils ..	School for Partially Sighted Pupils, Fulwood, Preston	8
(c) Deaf Pupils	Royal Cross School for the Deaf, Preston	18
(d) Partially Hearing Pupils ..	Royal Cross School, Preston	3
	Thomason Memorial Special School, Bolton	2
	Bridge House School, Harewood, Yorks.	1
	School for Partially Hearing, Birkdale ..	1
(e) Educationally Subnormal ..	Hindley Hall Special School, Stocksfield	2
	Hilton Grange School, Bramhope, Leeds	1
	National Children's Home, Crowthorn School, Edgworth	3
	Allerton Priory School, Liverpool (E.S.N. maladjusted pupils)	1
	Portville R.C. School, Ormskirk	2
	Besford Court R.C. School, Worcester ..	1
(f) Epileptic Pupils	Soss Moss School, Chelford	2
(g) Physically Handicapped Pupils	Chailey Heritage Croft School, Lewes ..	1
(h) Maladjusted	St. Joseph's School, East Finchley ..	1
	Cotswold Chine Home School, Stroud ..	2

4. Residential Special Schools

Details are given in the preceding Table. Figures given are those applicable at the end of the year. Of the twenty one Preston children at the Royal Cross School for the Deaf only nine are residential, twelve children attending as day pupils. Of the eight children attending the Fulwood School for Partially Sighted Pupils four attend as day pupils.

5. Day Special Schools

There are now four day special schools within the Borough. With the assumption by the Education Department since 1st April, 1971 of the responsibility for the education of mentally handicapped children the Elms Junior Training Centre, Cromwell Road, was re-designated Elms School. At the same time the two Open Air Schools on Moor Park were re-named Moorfield and Sherburn Schools. Moorfield School provides for physically handicapped and delicate pupils, Sherburn school for educationally subnormal pupils. Special junior school provision for maladjusted pupils is available at Moorbrook School, Ainslie Road.

The Moor Park special school clinic serves both Moorfield and Sherburn Schools with daily visits by the school nurse and weekly visits to each school by the school doctor.

Moorfield School

There were one hundred and sixteen pupils on roll at the end of 1971 as follows:

Boys: delicate 35
 physically handicapped 36
 epileptic 1
 maladjusted 1

Girls: delicate 16
 physically handicapped 26
 maladjusted 1

The excess of boys over girls in both physically handicapped and delicate categories will be noted.

Table 38.
Admissions to Moorfield School in 1971.

								Number of Pupils
Physically Handicapped Pupils								
Congenital heart disease								5
Hemiplegia								2
Intracranial injury								1
Muscular dystrophy								3
Pott's disease of spine								1
Spina bifida								2
Delicate Pupils								
Asthma								2
Debility								4
Encopresis								1
Impaired hearing								2
Intestinal allergy								1
Phenylketonuria								1
Tubercular meningitis								1

The figures include twenty seven children from the Lancashire County Council area of whom eighteen are physically handicapped, eight delicate and one maladjusted. The figures in the accompanying table are of children admitted to the school during the year. Of a total of twenty six admissions fourteen were physically handicapped. From the figures given it may be noted that just over half of the pupils in the school are physically handicapped and a like proportion of the new admissions during the year. While a number of pupils suffer from emotional disturbance only two have been classified as maladjusted pupils. There is no special educational provision in Preston for maladjusted pupils of secondary school age.

Shown below are the number of pupils in the school on account of selected disabilities. Figures are for the end of the year.

	Number of Pupils					
Asthma	12
Cerebral palsy	9
Congenital heart disease	8
Diabetes	1
Encopresis	3
Epilepsy	1
Muscular dystrophy	6
Perthe's disease	3
Post poliomyelitis paralysis	4
Spina bifida	13

The special unit provides for up to ten severely handicapped children from about four years of age. Normally they are transferred to the ordinary classes of the school at seven years of age. Altogether fourteen pupils attended the unit during the year on account of the following conditions:

	Number of Pupils					
Bronchitis	1
Cerebral palsy	2
Cerebral dysfunction	2
Congenital heart disease	2
Intestinal allergy	1
Muscular dystrophy	3
Spina bifida	3

One of the children with congenital heart disease is in addition profoundly deaf. His admission to the unit was in view of fuller assessment and pending suitable provision becoming available. One of the pupils with spina bifida, a girl of six years, was transferred to hospital in October for further surgery. Three children were transferred to the ordinary classes of the school during the year.

Sherburn School

At the end of 1971 there were one hundred and forty nine pupils on roll at this school three of these being from the Lancashire County area. There were nine children awaiting admission. During the year there had been twenty five children discharged of whom fourteen left for employment. Details for the remaining eleven children are as follows:

	Number of Pupils					
Transferred to a residential school (E.S.N.)	3
Transferred to Elms School	1
Transferred to Redbank Assessment Centre	1
Transferred to Larches Special Classroom	1
Returned to ordinary school	1
Left district	4

Elms School

The Elms, a detached house in grounds fronted by elm trees, has served as a Junior Training Centre for mentally handicapped children since 1954. A nursery wing was added in 1963. The accommodation is inadequate for the fifty six pupils (thirty three boys, twenty three girls) with an age range of three to sixteen years. The proposal of the Education Committee to provide a purpose built school is indeed welcomed.

Of the fifty six pupils eight are from the Lancashire County area. Pupils are divided into five age groups of approximately equal size namely nursery, junior, intermediate, lower senior and upper senior.

While there have been no significant changes so far in the curriculum since April 1971, there has been benefit from the greater resources of the Education Department in the provision of educational material and equipment. Physical education plays an important part in the education of the mentally handicapped child and it has been possible to add to the equipment already in use.

Moorbrook School

This special school opened in August 1970 provides for children of junior school age who are maladjusted. The staff have created a happy and informal atmosphere in the school and this has been facilitated by the design of the building. In addition to visits by the Educational Psychologist regular visits are made by one of the Departmental Medical Officers and the school nurse.

At the end of the year there were thirty one boys and twelve girls attending the school.

A number of children with problems of maladjustment require residential provision. During 1971 there were three children who attended residential special schools. For some the provision of hostel care with attendance at ordinary school is sufficient. During 1971 there were twelve boys and two girls in this category provided for at Larches Hostel. While most of these children attended ordinary school a few were given special tuition in the classroom sited in the grounds of the hostel. This classroom is used in addition as an assessment unit.

There is no day special school provision for maladjusted pupils of secondary school age but a number have benefited from attendance at Moorfield school.

6. Employment for the Handicapped

Discussions took place during the year between head teachers, careers officer and school doctors on suitable employment or provision for handicapped school leavers.

All but one of the ten Preston children leaving Moorfield school were able to enter employment. Six found work for themselves and three were placed in jobs by the Careers Officer, one after a period of vocational assessment and training. The girl who has not obtained outside employment is considerably handicapped. She has, however, found suitable occupation in her own home.

It is gratifying to report that all fourteen school leavers from Sherburn school secured work. It is understandable that the majority required assistance from the careers officer and in fact nine were placed in employment by him.

There were eight boys and five girls from all Preston schools registered as disabled persons during the year.

E. SPECIALIST AND REMEDIAL SERVICES

1. Ear, Nose and Throat Clinics

Mr. J. A. Kersley, who has retired from hospital service, held his last consultant session at Saul Street Clinic in October. His valuable professional services for over twenty four years are gratefully acknowledged. Mr. T. B. Duff, who has been appointed as consultant E.N.T. surgeon at the Royal Infirmary, commenced weekly sessions in November. Throughout the year consultant clinics were also held by Mr. H. Wickham each week.

There were two hundred and twelve children referred to the E.N.T. clinics during the year. Reasons for referral were as follows:

Enlargement of tonsils or adenoids	..	..	84
Diseases of the ears	..	..	3
Defective hearing	..	..	65
Other conditions	..	..	60
Total	..	..	212

Further details are given in a table on page 123.

2. Ophthalmic Clinics

Refraction sessions were held at Saul Street Clinic each week by Dr. Banik, assistant ophthalmologist with fortnightly sessions for squint and other special cases. Dr. Dowling, departmental medical officer, attended the clinic most weeks for refraction sessions. The regularity of her sessions is varied according to demand.

Details of the work of the eye clinics is summarised in a table on page 123.

3. Paediatric and Orthopaedic Services

These consultant services for the school child are adequately provided in hospital departments, liaison being maintained by medical and nursing staff of the school health service.

4. Physiotherapy

Two physiotherapists were appointed for service with the local authority during the year, in March and May respectively. While their duties are in the main in the domiciliary service it is gratifying to report that once again it has been possible to provide physiotherapy for pupils attending the special schools on Moor Park. By the end of the year four sessions each week were being held with thirty nine children on treatment. There were in addition a few other pupils who attended hospital or the Day Spastics Centre for their treatment. Of the thirty nine children receiving treatment thirty six attended Moorfield School for physically handicapped pupils and three Sherburn School for educationally subnormal pupils. The reasons for treatment were as follows:

Cerebral palsy or dysfunction	..	..	10
Muscular dystrophy	..	..	3
Spina bifida	..	..	3
Post-poliomyelitis paralysis	..	..	3
Chest conditions	..	..	13
Miscellaneous	..	..	7



SPEECH THERAPY

It will be evident that the majority of children treated had some neuro-muscular disorder. For these, exercises involving movement against resistance are used to facilitate function. Results have been encouraging. Emphasis is given to mobility and independence. Much time is spent in securing greater mobility for the severely handicapped child and great patience is needed in the stages from wheelchair to walking aid to elbow crutches or unaided walking. Children are helped to become more independent in dressing and feeding themselves and attending to other personal needs. Ball games are encouraged and the various exercises and activities carried out in the clinic are recommended for practice at home.

Individual and group breathing exercises for the children with asthma have proved valuable. It is intended to provide a short course of instruction in breathing exercises for a number of asthma sufferers from ordinary schools in one of the central clinics.

New equipment obtained during the year included a triang tractor and a pedal exerciser.

5. Speech Therapy

After a period of eighteen months without a speech therapist the local authority were fortunate in obtaining the full-time services of Mrs. Webster in July 1971. There is still one full-time post vacant. Without the services of another speech therapist, even if only part-time, the extension of speech therapy provision to other clinics is out of the question. At present eight sessions weekly are held at Saul Street clinic and two sessions weekly at Moor Park clinic providing for pupils at the two special schools on Moor Park. During school holidays all sessions are held at Saul Street clinic.

The speech therapy room at Saul Street clinic has been further sound proofed and with wall to wall carpeting and new curtains and furniture the room presents a more homely and less clinical appearance. New test material, toys and general equipment were obtained soon after the re-opening of the speech therapy service.

At Moor Park clinic the physiotherapy room is used also for speech therapy. While equipment here is rather limited it can always be temporarily supplemented with material from Saul Street clinic and there is certainly no justification for much expenditure in a clinic which only functions for two sessions weekly.

There is a need for a new tape recorder, the existing one-track model being long outdated. It is inadequately sensitive for taping patients' speech, gives poor quality reproduction quite unsuitable for auditory discrimination and cannot be used with pre-recorded tapes. This lack has been remedied in 1972.

A lecture to familiarise health visitors and clinic nurses with the work of the speech therapist was given by Mrs. Webster during the autumn term. This proved invaluable and the nursing staff have since acted as a liaison between the therapist and her patients especially the non-attenders.

While no students of speech therapy attended the clinic for observation or practical work one potential candidate observed for one session in order to understand the kind of clinical work undertaken by a speech therapist and one student health visitor also attended for one session. The speech therapist has been present at several of the meetings of the Lancashire County Therapists and the Merseyside Therapists for lectures and case discussions.

A table on page 124 shows the work carried out during the year. Referrals were in the main from school medical officers but additionally two cases were referred

by general practitioners and ten by the speech therapist at Sharoe Green Hospital who has provided therapy for certain urgent cases during the absence of a local authority service. The speech therapist found the usual disorders present in the cases referred for treatment: delayed speech and/or delayed language development due to various conditions including deafness, partial hearing loss, psychological involvement, physiological immaturity, poor auditory discrimination and minimal brain damage. There have been a few voice disorders, two cases of cleft palate, dyspraxia, and many stammerers. The number of stammerers appears disproportionate to the other speech defects, however, and this is probably the result of the many years the Borough has been without a full-time speech therapist. Stammering does not, as a rule, improve with maturity whereas many children may gradually overcome other speech difficulties, given time.

F. SCHOOL DENTAL SERVICE

The Chief Dental Officer, Mr. A. Kershaw, has contributed the following comments:

“Throughout the year the main effort of the staff has been directed towards the seven to eleven year old school child.

Although the department is still greatly understaffed, it has been possible to inspect and treat the majority of these children.

Valuable assistance has been given by the Consultant Anaesthetists and the Orthodontist.

Dental health education has been carried out by the Dental Surgery Assistants. This has taken the form of talks to the infant children followed by a distribution of dental hygiene kits to all new entrants”.

The work completed is shown in the table on page 125.

G. OTHER PROVISION

I am grateful to Mr. G. F. Crump, Chief Education Officer, for the information contained in the following two reports:

“1. Physical Education

Although no new facilities were added to the existing provision in schools during 1971, the high standard of provision in the comprehensive schools enabled the subject to make an increasing impact on the life of the children, and interests this promoted could be continued at Penwortham Holme Recreation Centre in the evenings.

Two Play Centres were organised for children during summer evenings and the Adventure Playground experiment was undertaken from February to October. The latter was open in the evenings during school term-time and during the day in school holiday periods.

2. School Meals and Milk-in-Schools

School Meals

The School Meals Service provides dinner and teas. Light mid-morning lunches are taken at Moorfield and Sherburn Schools. During the Summer, 1971, 2,150

packed dinners and five hundred and thirty packed teas were supplied to schools going on educational visits.

At Christmas, 1971, 6,910 party teas were provided for school parties.

A total of sixty two dining centres catered for dinners during the year. A summary of three evening surveys carried out gives the number of children taking dinners on the normal school days:

February, 1971	..	..	..	..	11,363
May, 1971	..	..	..	..	11,046
October, 1971	..	..	..	..	10,904

The total number of dinners supplied during the year was 2,362,007, compared with 2,545,480 in 1970. The fall in numbers can be attributed to the increased charge for the school dinner from 7½p (1-6d.) to 9p (1-9d.) with effect from 1st April, 1970.

Milk-in-Schools Scheme

During 1971, 1,559,485 bottles of milk were consumed in Primary and Special Schools.

In the Autumn term, 1971, a daily average of 4,561 bottles were supplied to pupils in primary and special schools, compared with 9,965 a year earlier. The reduction was due to the Government's decision to cease to supply school milk to junior school pupils other than on medical grounds. Medical indications for this provision are rare and during the period September to December only five junior school pupils were recommended for it."

APPENDIX I

The Editor of *Community Medicine* has kindly given permission for the inclusion in this report of the following article, which appeared in the 22nd October, 1971 issue:

**"RUBELLA VACCINATION OF NON-IMMUNE SCHOOLGIRLS
AND YOUNG WOMEN**

By D. N. Hutchinson, M.D., Dip. Bact.,

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Medical Officer of Health, Preston County Borough.

Capillary blood from 1,159 schoolgirls and seventy six young women was examined for the presence of rubella haemagglutination-inhibiting antibody. One hundred and eighty subjects with little or no antibody were vaccinated with the RA 27/3 or Cendehill strains of rubella vaccine. Reactions to both vaccines were mild amongst the schoolchildren with 26% of those given RA 27/3 and 11% given the Cendehill strains reporting symptoms. In those girls receiving the latter vaccine the post-vaccination geometric mean titre was approximately half that of children given the RA 27/3 strain.

Introduction

With the isolation of rubella virus in 1962^{1 2} the prevention of the congenital rubella syndrome became more possible. Early efforts to develop a killed vaccine proved unsatisfactory but following attenuation of wild strains several vaccines have been produced and examined in the field^{3 4}. In this country two vaccines—one propagated in primary rabbit kidney⁵ and the other in human diploid cells⁶—have been made available for prophylaxis. This communication records the serological and systemic response of female vaccinees to the Cendehill strain (Cendevax) and the RA 27/3 strain (Almevax) of rubella virus.

Methods of Study

Specimens of capillary blood collected from girls aged thirteen to eighteen years, attending schools in the County Borough of Preston, and their female teaching staff, were examined for the presence of rubella HAI antibody⁷.

0.1 ml. of capillary blood was collected into a disposable capillary tube (Micropet 100 lambda) and added to 0.25 ml. of dextrose-gelatin-veronal buffer in a 3" x ½" tube. The specimen was refrigerated at +4°C from one to two hours, to allow the clot to contract and expel the serum. On removal from the refrigerator, the specimens were left to warm to room temperature and then 0.6 ml. of a 25% suspension of kaolin was added and allowed to react for forty five minutes. Following centrifugation and overnight refrigeration (+4°C) with day-old-chicken RBCs, the sera were examined using the macro-technique previously described⁸. After absorption the initial serum dilution was regarded as 1:15, and this was confirmed by parallel titrations of venous and capillary specimens. For the purpose of the study subjects were regarded as non-immune if the rubella HAI antibody titre was 1:15 or less.

Non-immune subjects were vaccinated with Cendehill or RA 27/3 vaccines at random. Three to four weeks after vaccination they were questioned regarding the occurrence of symptoms and were re-bled (capillary) approximately eight weeks after the injection.

Results

One thousand one hundred and fifty nine schoolgirls and seventy six school teachers were examined; one hundred and eighty two (15.7%) schoolgirls and thirteen (17.1%) of the schoolmistresses were regarded as non-immune. The proportion of children examined by age is shown in Table A. There is a small reduction in the proportion of susceptibles from the thirteen year olds to the seventeen year olds.

Table A
Age distribution of rubella-susceptible schoolgirls

Age (years)	13	14	15	16	17	18	Staff
Number examined	170	428	284	161	104	12	76
Number non-immune . . .	30	64	49	22	14	3	13
Percentage non-immune . .	17.6	15.0	17.3	13.7	13.5	—	17.1

Because of absenteeism, school leaving, and refusal of consent, only one hundred and sixty four of the one hundred and eighty two non-immune school children were vaccinated; ninety nine received the RA 27/3 vaccine and sixty five the Cendehill strain.

Clinical Response

The occurrence of symptoms was recorded in twenty five (26%) of ninety six children given RA 27/3 vaccine and six (11%) of fifty four girls receiving the Cendehill vaccine. The symptoms are listed in Table B.

Table B
Symptoms reported by schoolgirl vaccinees

	RA 27/3	Cendehill
Number questioned	96	54
Number reporting symptoms	25	6
Symptoms:		
Sore throat	14	4
Lymphadenopathy*	2	1
Fever	2	1
Rash	8	—
Local reaction	3	1
Nausea	1	—

*Occipital and post-cervical

In both vaccine groups approximately two-thirds of the affected subjects complained of a sore throat, the onset being between the fourth and fourteenth days post-vaccination and persisting for one to fourteen days. In the majority of instances it was the sole reaction.

Eight subjects given the RA 27/3 vaccine developed a rash between the seventh and fourteenth days, which persisted for two to five days. It was generalized in five subjects but was confined to the face in three others. At the time of immunisation there was no rash-associated agent being isolated or reported in the community.

Local reactions, consisting of slight induration and redness at the site of the injection, occurred in four patients on the second and third post-vaccination days. The lesions cleared within forty eight hours in all instances.

Three girls reported lymphadenopathy of the cervical glands, developing between the fourth and seventh days and persisting for three to seven days. On the seventh post-vaccination day two girls developed a mild pyrexia, as did one girl on the twelfth day.

Occurrence of headache was not regarded as a distinct entity because it was felt that the validity of this symptom could not be assessed. One child complained of nausea for two days one week after the injection.

Vaccine was given to ten of the thirteen non-immune school teachers and to six susceptible nursing and laboratory staff. Fourteen of these vaccinees were aged twenty two to twenty seven years and the remaining two were aged thirty four and thirty eight years respectively. None of the six subjects given the RA 27/3 vaccine developed symptoms, whereas four of ten women given the Cendehill vaccine had a reaction. A rash associated with a sore throat occurred between the eighth and twelfth days in two women, one also complaining of general malaise and the other of enlarged tender posterior cervical glands. Two subjects reported low-grade fever ($< 100^{\circ}\text{F}$) and arthralgia on the eighth and tenth days, persisting for three and two days respectively. One of the latter subjects who wore contact lenses was unable to tolerate them on the eighth and ninth post-vaccination days, although there was no obvious conjunctivitis.

Serological Response

Post-vaccination specimens were obtained from ninety and forty six subjects given RA 27/3 and Cendehill vaccines respectively. Two subjects—one from each vaccine group—having initial titres of 1:15 did not show a significant (fourfold) rise in antibody, possibly indicating immunity.

The geometric mean titre in the two vaccine groups is shown in Table C. It will be seen that in those children with no detectable antibody the mean titres in those receiving the Cendehill strain were twofold lower than in subjects vaccinated with RA 27/3. There was no similar correlation between the vaccines for subjects having an initial titre of 1:15 nor was there within each vaccine group an obvious relationship between those with and those without antibody.

For each vaccine the mean serological titre following vaccination in those girls reporting symptoms did not differ significantly from the mean titre of subjects without symptoms. However, 10% of those girls with an initial rubella HAI antibody level of 1:15 developed symptoms, compared with 25.2% of those with no detectable antibody in the first test.

Table C
Post vaccination-rubella HAI titres in schoolgirls

	RA 27/3		Cendehill	
Initial titre*	< 15	15	< 15	15
Number of subjects	76	13	38	7
Geometric mean titre*	272	152	126	136

*Reciprocal titre

It is not possible to compare the serological response in the adults as serology is available for only four RA 27/3 vaccinees as against nine given the Cendehill strain. In all instances a fourfold or greater rise in antibody was found, though two women with an initial titre of 1:15 had only a 1:60 titre post-vaccination. The mean post-vaccination titre for the nine women given the Cendehill vaccine was 1:130.

Discussion

The only need for a rubella vaccine to protect females of childbearing age from contracting the disease during pregnancy thus eliminating the risk of malformation of the foetus due to rubella. Two requirements of a satisfactory vaccine are that it should stimulate antibodies in all susceptible vaccinees and, because the natural disease is so mild, it should produce no, or minimal, reactions. The two vaccines examined comply closely with these requirements though neither produced a fourfold serological response in all recipients, some of whom most probably had a low level of residual antibody.

In studies in nurses⁹ and adolescent girls¹⁰ given Cendehill vaccine, the incidence of symptoms did not differ significantly from control groups. Similar information regarding RA 27/3 vaccine is lacking, but our finding that amongst the school children there was a greater incidence of reactions suggests that it is more reactogenic than the Cendehill vaccine. The proportion of grammar school children in the two vaccine groups was significantly higher in those given RA 27/3. As such children are usually more observant than other children, the increased incidence of sore throat and rash in the RA 27/3 vaccinees may be due in part to a greater awareness of symptoms. Dudgeon *et al.*¹¹ recorded a higher proportion of reactions amongst nurses given RA 27/3 vaccine compared to those given the Cendehill strain, but this difference was not apparent in a group of older adults. In the present study reactions to the vaccines were mild in both schoolchildren and the young women, and did not necessitate sick absence.

The HAI geometric mean titre was approximately twofold higher in subjects inoculated with RA 27/3 than in those given the Cendehill strain. A similar finding has been recorded by other workers^{12 13} and in two of three groups in the trials in this country¹¹ a noticeably higher geometric mean titre was obtained. Challenge studies have indicated that the antibody titre following vaccination may be of significance in that the lower the titre the greater the possibility of reinfection¹³. In the face of a natural epidemic of rubella the reinfection rate in vaccinees varies from

80-43% compared with 1.3% for naturally immune subjects^{15 16}. However, following challenge or natural reinfection of subjects with vaccine-induced immunity, though virus excretion occurs, viraemia has not been demonstrated^{14 17}. Though evidence has to be accumulated, at present it appears hopeful that vaccine-stimulated antibody will protect the foetus during re-exposure and reinfection with wild rubella virus. Reinfection, as demonstrated by a fourfold antibody rise, is known to occur in patients with naturally acquired antibodies, but there are no reports of children with congenital rubella being born to these subjects or to a mother in more than one pregnancy.

In this country, rubella vaccine has been recommended by the Department of Health and Social Security for the vaccination of eleven to thirteen year old females with the intention of protecting them before the child-bearing years. No direction has been given regarding women of child-bearing age, but, as approximately 10% of adult women are non-immune, the possibility of serological testing for all women of child-bearing age has been queried¹⁸. The cost of examining large numbers of sera collected individually has militated against the adoption of such a policy. However, the collection of capillary blood into prenumbered tubes ready for processing as described above, along with the use of multiple diluting machines and micro-techniques, would make group screening economically feasible.

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Appendix II — Statistical Tables

Table I. Total confinements and distribution of these confinements between hospitals and nursing homes, general practitioners and midwives for twenty-three years since 5th July, 1948, and attendances at local authority clinics.												
Year	DOMICILIARY CONFINEMENTS					CLINICS						
	MIDWIVES		MIDWIVES WITH DOCTORS PRESENT			No. of persons who attended	Total No. of attendances at clinics	Average attendance of each person	Ratio of persons attending to total domiciliary confinements	11	12	13
	Number attended	% of total domiciliary confinements	Number attended	% of total domiciliary confinements	% of total domiciliary confinements							
1	2	3	4	5	6	7	8	9	10	11	12	13
1948 from July	829	270	1,099	24.57	172	63.7	98	36.3	222	690	3.11	82%
1949	1,639	574	2,213	25.94	350	61.0	224	39.0	777	2,994	3.85	135%
1950	1,669	487	2,156	22.59	323	66.3	164	33.7	602	2,798	4.53	124%
1951	1,530	454	1,984	22.88	302	66.5	152	33.5	620	3,023	4.88	137%
1952	1,511	508	2,019	25.16	321	63.3	186	36.7	667	3,311	4.97	132%
1953	1,454	548	2,002	27.37	424	77.6	122	22.4	770	3,891	5.05	141%
1954	1,422	487	1,909	25.50	366	75.2	120	24.7	712	3,793	5.16	146%
1955	1,527	350	1,877	19.18	297	84.9	52	14.9	727	3,593	4.94	208%
1956	1,526	373	1,899	19.64	310	83.1	63	16.9	670	3,142	4.69	180%
1957	1,641	391	2,032	19.24	354	90.5	37	9.5	758	3,451	4.55	194%
1958	1,442	471	1,913	24.62	425	90.2	46	9.8	747	3,981	5.33	158%
1959	1,486	551	2,037	27.05	506	91.8	43	7.8	934	5,050	5.41	170%
1960	1,457	603	2,060	29.27	554	91.9	44	7.3	973	5,076	5.20	161%
1961	1,548	585	2,133	27.42	521	89.7	60	10.3	1,026	5,695	5.55	175%
1962	1,558	713	2,271	31.39	605	85.2	105	14.8	1,167	6,546	5.61	164%
1963	1,481	638	2,119	30.11	557	87.3	81	12.7	1,088	6,174	5.67	170%
1964	1,555	638	2,193	29.09	556	87.1	82	12.9	1,068	5,825	5.45	167%
1965	1,545	542	2,087	25.97	495	91.3	47	8.7	871	5,160	5.92	161%
1966	1,450	524	1,974	26.54	482	92.0	42	8.0	846	5,276	6.23	233%
1967	1,347	563	1,910	29.47	510	90.6	53	9.4	942	5,295	5.62	167%
1968	1,405	484	1,898	25.62	462	95.5	22	4.5	779	4,994	6.41	161%
1969	1,326	489	1,815	26.92	461	94.27	28	5.7	858	5,375	6.26	175%
1970	1,365	425	1,789	23.70	403	94.82	22	5.18	578	4,329	7.49	136%
1971	1,335	306	1,641	18.65	256	83.66	50	16.34	398	3,044	7.65	130%

Table II
Place of delivery of Preston mothers during 1971.

Place of confinement	Available beds	No. of Preston deliveries
Domiciliary	—	306
Sharoe Green Hospital	53	834
Preston Royal Infirmary	48	397
Preston Royal Infirmary, GP. Unit	9	98
Other hospitals	—	6
Totals	110	1,641

Table III
Mortality of Premature Infants.

Birth Weight	Died within 24 hrs. of birth	Died in 1 & under 7 days	Died in 7 & under 28 days	Survived 28 days	Total
Babies born at home or in a nursing home and nursed entirely at home or in a nursing home—					
2 lbs. 3 ozs. or less	1	—	—	—	1
2 lbs. 4 ozs. to 3 lbs. 4 ozs.	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	—	—
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	—	—
5 lbs. to 5 lbs. 8 ozs.	—	—	—	9	9
Total	1	—	—	9	10
Babies born at home and transferred to hospital—					
2 lbs. 3 ozs. or less	—	—	—	—	—
2 lbs. 4 ozs. to 3 lbs. 4 ozs.	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	—	—
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	1	1
5 lbs. to 5 lbs. 8 ozs.	1	—	—	—	1
Total	1	—	—	1	2
Babies born in hospital—					
2 lbs. 3 ozs. or less	2	1	—	—	3
2 lbs. 4 ozs. to 3 lbs. 4 ozs.	4	2	—	7	13
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	3	—	1	28	32
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	29	29
5 lbs. to 5 lbs. 8 ozs.	—	—	—	64	64
Total	9	3	1	128	141
GRAND TOTALS	11	3	1	138	153

Table IV. Congenital Malformations Apparent at Birth, 1971

Sub-Group		DIAGNOSTIC GROUP									
		Central Nervous System	Eye and Ear	Alimentary System	Heart and Circulatory System	Respiratory System	Urino-Genital System	Limbs	Other parts Musculo-Skeletal System	Other Systems	Other Malformations
		(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
0	Unspecified Malformations of Alimentary System Unspecified Malformations of Heart and Circulatory System Polydactyly Other and Unspecified Congenital Malformations			1	1			2			4
1	Anencephalus Cleft Lip Malformations of Skull or Face Bones	4		3					3		
2	Cleft Palate Undescended Testicle Other Unspecified Malformations of Muscles, Skin and Fascia			2			1			1	
3	Hydrocele Reduction Deformity Leg or Foot Pigmented Naevus						1	1		1	
4	Hydrocephalus Tracheo-Oesophageal Fistula Oesophageal Atresia and Stenosis Malformations of Male External Genitalia Malformations of Sternum and Ribs Other Specified Malformations of Skin including Ichthyosis Congenita	2		1			1		1	2	
5	Talipes							14			
6	Congenital Dislocation of Hip Down's Syndrome (Mongolism)							1			3
7	Rectal and Anal Atresia and Stenosis Hypospadias, Epispadias Other Specified Malformations of Upper Limb or Shoulder			1			5	1			
8	Spina Bifida Other Specified Malformations of Leg or Pelvis Accessory Auricle	2	2					2			
9	Unspecified Limb Malformations Exomphalos, Omphalocele (Excluding Umbilical Hernia)							1		1	
	Total	8	2	8	1	-	8	22	4	5	7

Table V
Quantities of Welfare Foods sold — 1971.

	National dried milk	Orange Juice	Cod liver oil	Vitamin Tablets	Vitamin Drops
Welfare Foods Centre, Market Street	2,368	8,476	390	1,079	194
Child Health Centres	3,318	14,160	1,290	821	2,128
Total	5,686	22,636	1,680	1,900	2,322

Table VI
Day Nurseries, 1971.

	Greenbank	Hartington Road	Isherwood Street	Total
Attendances	11,277	11,076	11,611	33,964
New children admitted	48	51	52	151
Children left	43	56	52	151
On Register—				
January 1st	58	60	60	178
December 31st	61	55	60	176
On Waiting List—				
January 1st	51	75	59	185
December 31st	36	81	58	175
INFECTION:				
Measles	—	—	1	1
Rubella	—	1	—	1
Chicken Pox	—	10	—	10
Whooping Cough	—	—	—	—
Mumps	6	1	—	7
Dysentery	—	16	—	16
Scarlet Fever	—	—	—	—
Gastro-Enteritis	—	—	—	—
Hepatitis	—	—	—	—
Influenza	—	—	—	—

Table VII
Children attending the day nurseries on Social Grounds 1971.

	On register on December 31st, 1971	On register at any time during 1971 (including previous column)
Parents separated or divorced	38	75
Mother widow	1	3
Father widower	2	3
Mother unmarried	29	51
Mother in hospital or ill	4	18
Father in hospital or ill	1	2
Father in Prison	1	2
Father continually unemployed	2	3
Poor housing conditions	14	29
Children with speech defects	—	—
Children physically handicapped	5	6
Maladjusted children or parents	5	9
Any other reason i.e. Marital Problems, Parents in essential professional posts	11	16
Total	113	217
Number of 'short stay' children admitted during the year ..		16
Number of priorities on waiting list 31st December, 1971 ..		78
Number on reduced fees during 1971		61

Table VIII
Ear, Nose and Throat Clinic — Pre-school children.

New cases	18
Re-inspections	20
Referred for : Operative treatment	14
Treatment in clinic	3
Observation	19
X-ray	—
Audiometry Test	8
Deaf Aid	—
Treatment : Operative	—
Clinic	—
Total Attendances	38

Table IX
Ophthalmic Clinic — Pre-school children.

Children dealt with	..	..	..	..	..	..	..	36
New cases ..	..	..	..	..	..	..	..	26
Refractions ..	..	..	..	..	..	..	..	33
Re-inspections ..	..	..	..	..	..	..	..	29
Prescriptions given ..	..	..	..	..	..	..	..	12
Referred for : Operative treatment	..	..	..	..	..	..	..	3
Orthoptic treatment	..	..	..	..	..	..	..	—
Total Attendances ..	..	..	..	..	..	..	..	55

Table X
Dental Treatment, 1971.

							Children 0—4 years	Expectant and nursing mothers
Inspections								
First inspections ..	..	..	..	..	..	..	22	4
Requiring treatment	..	..	..	..	..	..	13	4
Offered treatment	..	..	..	..	..	..	13	4
Visits								
First ..	..	..	..	..	..	..	21	6
Subsequent ..	..	..	..	..	..	..	27	16
Total ..	..	..	..	..	..	..	48	22
Additional Courses of treatment commenced ..	..	..					1	—
Fillings ..	..	..	..	..	..	..	22	5
Teeth filled ..	..	..	..	..	..	..	18	5
Teeth extracted ..	..	..	..	..	..	..	33	9
General Anaesthetics ..	..	..	..	..	..	..	17	3
Emergencies ..	..	..	..	..	..	..	13	1
Prophylaxis ..	..	..	..	..	..	..	1	1
Courses of treatment completed ..	..	..	..	..	..	..	21	6

Table XI
Audiology Clinic, 1971.

NEW CASES ATTENDED				0—1	1—5	5—15
Referred by	Paediatrician ...	...	...	4	13	—
	Departmental Medical					
	Officers ...	...	...	1	27	—
	Health Visitors ...	...	...	6	22	1
	E.N.T. Dept. ...	...	...	—	—	—
	G.P. ...	...	...	—	2	—
Total ...				11	64	1
REFERRED TO E.N.T.						
	Hearing Loss ...	...	...	—	—	—
	Other Causes ...	...	...	—	5	1
Total ...				—	5	1
FOR CONTINUED OBSERVATION						
	Speech Defects ...	...	...	—	5	—
	Mentally Retarded ...	...	...	—	—	—
	Other Causes ...	...	...	—	9	—
Total ...				—	14	—
Discharged ...				11	45	—
CASES REVIEWED - PREVIOUSLY ATTENDED IN 1970						
Total Number Reviewed ...				—	13	—
Discharged ...				—	7	—
Hearing Loss ...				—	—	—
Referred E.N.T. ...				—	4	—
Speech Defects ...				—	1	—
Mentally Retarded ...				—	—	—
Other Causes ...				—	1	—

Table XII
Cases visited by Health Visitors.

1	Children born in 1971	1,706
2	Children born in 1970	1,761
3	Children born in 1966-69.. .. .	4,649
Total		8,116
4	Persons aged 65 or over	1,326
5	Persons included in line 4 who were visited at the special request of a G.P. or hospital	124
6	Mentally disordered persons	3
7	Persons included in line 6 who were visited at the special request of a G.P. or hospital	1
8	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	242
9	Persons included in line 8 who were visited at the special request of a G.P. or hospital	242
10	Tuberculous households visited	304
11	Households visited on account of other infectious diseases	152
12	Other cases.. .. .	1,076
13	Total cases	11,219

Table XIII
Summary of the work of the District Nurses.

	No. of cases at beginning of month	New cases	Terminated				No. of cases at end of month	No. of visits
			Re-covered	Hosp.	Died	Other causes		
January	804	203	125	30	37	15	800	7,805
February	800	191	112	29	25	14	811	7,353
March	811	228	152	36	36	18	797	8,240
April	797	182	110	35	29	13	792	7,481
May	792	219	129	25	30	17	810	7,623
June	810	176	104	28	24	24	806	7,039
July	806	170	124	21	23	21	787	6,745
August	787	162	94	19	17	16	803	6,811
September	803	160	101	26	16	6	814	7,017
October	814	177	113	21	21	21	815	7,286
November	815	181	126	26	25	11	808	7,215
December	808	220	141	26	27	18	816	7,584
Total for year	—	2,269	1,431	322	310	194	—	88,199

Table XIV
Conditions dealt with by district nurses during the year.

	Number of cases	Number of visits
Heart disease	140	5,235
Cancer	190	6,305
Cerebrovascular disease	201	8,940
Blood diseases	425	9,869
Diabetes	37	9,817
Tuberculosis	77	5,115
Other chest diseases	239	4,794
Other infectious diseases	30	298
Post operative cases	373	5,996
Fractures	31	824
Varicose ulcer of leg	115	7,299
X-ray preparation	237	669
Local infection	80	1,621
Constipation	81	418
Complications of pregnancy	77	771
All other conditions	740	20,228
Total	3,073	88,199

Table XV
**Cases of infectious diseases and complications of pregnancy
visited during the year by district nurses.**

	Number of Cases	Number of Visits
Pneumonia (all forms)	34	601
Tuberculosis	77	5,115
Influenza	15	178
Tonsilitis	12	100
Erysipelias	2	18
WR+	1	2
Threatened Miscarriage	13	86
Anaemia of Pregnancy	45	497
Post Natal Anaemia	5	43
Breast Abscess	1	10
Complete Abortion	1	4
Caesarian Section	6	48
Anaemia following Miscarriage	4	62
Septic Abortion	1	8
Jaundice	1	13
Total	218	6,785

Table XVI
Chiropody Treatments, 1971.

Persons aged 65 and over	1,477
Physically handicapped or otherwise disabled persons under age 65 years	22
Expectant Mothers	—
Others	15
Total Persons	1,514
In clinics	4,666
In Patients' homes	1,433
Total Treatments	6,099

Table XVII
Notifiable Infectious Diseases — Notifications, 1962-1971.

Disease	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Anthrax	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	258	73	23	88	44	467	78	146	73	114
Encephalitis (Acute)	1	—	—	—	1	—	—	1	—	—
Food Poisoning	14	16	9	6	16	25	9	78	41	38
Infectious Hepatitis	35	44	34	28	23	65	52	482	135	53
†Leprosy	—	—	—	—	1	—	—	1	1	—
*Leptospirosis	—	—	—	—	—	—	—	—	—	—
Malaria	—	1	—	1	1	—	—	—	—	1
Measles	1698	312	1548	422	1541	279	593	64	783	54
Meningitis Acute	2	—	—	1	—	—	2	—	2	3
Ophthalmia Neonatorum	3	—	1	1	2	1	3	1	1	—
Paratyphoid Fever	1	—	—	—	—	—	—	—	—	—
Poliomyelitis (Acute)	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	36	46	56	91	78	62	28	28	43	71
Smallpox	—	—	—	—	—	—	—	—	—	—
*Tetanus	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Pulmonary	45	48	46	40	36	55	50	28	41	30
Tuberculosis, Non-Pulmonary	5	6	9	7	11	12	5	8	20	14
Typhoid Fever	—	—	—	—	—	4	1	1	—	—
Whooping Cough	22	20	100	2	33	54	16	18	46	28
*Yellow Fever	—	—	—	—	—	—	—	—	—	—

*Notifiable only since 1st October, 1968.

†Locally notifiable since 1st March, 1966.

Table XVIII
Preston County Borough.
Sexually Transmitted Diseases—New Cases.

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Gonorrhoea	179	184	187	131	153	232	168	181	174	197
Syphilis	19	19	16	21	2	3	8	4	9	3

Table XIX
Tuberculosis Notifications, 1971.

Age groups (years)	No. of initial Notifications of new cases of Tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total all ages
Respiratory, Males	—	—	—	—	—	4	3	4	2	4	3	1	1	22
Respiratory, Females	—	—	1	—	—	2	2	1	1	—	—	—	1	8
Non-Respiratory, Males	—	—	1	—	1	1	4	1	1	1	—	—	—	10
Non-Respiratory, Females	—	—	—	—	—	—	1	1	—	1	—	—	1	4

Table XX Tuberculosis Register.

	Respiratory			Non-respiratory			Total Cases
	Male	Female	Total	Male	Female	Total	
Number of cases on the Register 31st December, 1971 (includes 1 case transferred in)	251	174	425	61	63	124	549
Number of cases removed from the Register during 1970.							
1. Withdrawal of notifica- tion	—	—	—	—	—	—	—
2. Recovery from the disease... ..	24	13	37	—	4	4	41
3. Deaths (all causes) ...	4	2	6	—	—	—	6
4. Outward Transfers ...	3	3	6	—	—	—	6
5. Other reasons (e.g. no trace)	1	1	2	—	—	—	2

Table XXI
B.C.G. Vaccination of thirteen-year-old school children.

			Number Tested	Number Positive	Percentage of Number tested found Positive
1954	...	...	925	249	26.9
1955	...	...	1,037	253	24.4
1956	...	...	1,039	286	27.5
1957	...	...	982	269	27.4
1958	...	...	1,071	245	22.9
1959	...	...	1,033	190	18.4
1960	...	...	1,492	265	17.76
1961	...	...	1,512	272	17.99
1962	...	...	1,454	296	20.36
1963	...	...	1,241	319	20.93
1964	...	...	1,241	239	19.26
1965	...	...	1,309	226	17.27
1966	...	...	1,375	177	12.8
1967	...	...	1,385	240	17.3
1968	...	...	1,466	239	16.3
1969	...	...	1,482	230	15.5
1970	...	...	1,581	259	16.4
1971	...	...	1,452	255	17.6

Table XXII
Immunisation — Triple Antigen.
Complete Primary Courses for Children under 5 years.

			Year of Birth					
			1966	1967	1968	1969	1970	1971
Annual Births			1,956	1,865	1,860	1,771	1,776	1,610
YEAR OF IMMUNISATION	1966		373					
	1967		974	466				
	1968		386	856	50			
	1969		37	365	815	25		
	1970		14	56	423	775	23	
	1971		17	14	37	394	668	8
Total			1,801	1,757	1,325	1,194	691	8
% Immunised as at 31.12.71			92.1 %	94.2 %	71.2 %	67.4 %	33.3 %	

Table XXIII
Immunisation, 1971 — Children under 16 years.

	Number of Completed Primary Courses	Number of Re-inforcing Doses
Diphtheria	1,284	1,912
Whooping Cough	1,148	13
Tetanus	1,300	1,903
Poliomyelitis	1,357	1,934
Measles	947	—
Rubella	628	—

Table XXIV
Immunisation. — Measles. (commenced 1st May, 1968).

YEAR OF IMMUNISATION	Year of Birth																Total
	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	
Annual Births	1843	1933	1864	1964	2023	2037	2210	2070	2152	2031	1956	1865	1860	1771	1776	1610	
1968 ..	198	168	219	180	298	313	406	327	301	359	450	325	8	—	—	—	3,552
1969 ..	4	8	6	6	5	7	6	22	75	101	115	192	125	5	—	—	677
1970 ..	1	1	3	1	3	2	2	9	23	55	68	131	598	404	4	—	1,305
1971 ..	2	—	—	—	1	—	1	4	5	30	18	42	64	331	448	1	947
Total	205	177	228	187	307	322	415	362	404	545	651	690	795	740	452	1	6,481

Table XXV
Immunisation — Rubella.

Year of Birth		1951	1952	1953	1954	1955	1956	1957	1958	1959	Total
Annual Births		1,962	1,960	1,914	1,823	1,832	1,843	1,933	1,864	1,964	
YEAR OF IMMUNISATION	1970	1	4	11	28	44	298	433	—	—	819
	1971	—	—	—	—	2	18	291	294	23	628
Total		1	4	11	28	46	316	724	294	23	1,447

Table XXVI
Defects found at periodic and special inspections.

Defect or Disease	Periodic inspections		Special inspections	
	Number of defects		Number of defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	158	101	12	5
Eyes (a) Vision	471	212	66	53
(b) Squint	87	19	14	2
(c) Other	15	43	6	3
Ears (a) Hearing... ..	100	99	40	27
(b) Otitis Media	43	81	4	1
(c) Other	52	62	22	7
Nose or Throat	269	261	61	37
Speech	39	64	30	10
Lymphatic Glands	2	41	—	3
Heart	29	27	4	9
Lungs	94	80	17	16
Developmental (a) Hernia	9	9	3	3
(b) Other... ..	48	55	14	11
Orthopaedic (a) Posture	62	49	2	4
(b) Feet	70	93	12	2
(c) Other... ..	79	24	9	11
Nervous system (a) Epilepsy	13	9	4	2
(b) Other	57	45	5	5
Psychological (a) Development	15	91	8	18
(b) Stability	20	61	9	19
Abdomen	26	28	—	9
Other... ..	143	136	51	47
Total	1,901	1,690	393	304

Table XXVII
School Population.

Type of School	No. of Schools	No. on Roll
Primary	35	11,223
Secondary Comprehensive	9	6,612
Secondary Grammar	5	2,640
Special (Day) and } Special Classes (1) }	3	371
Nursery School	1	100
Total	53	20,946

Table XXVIII
Head-Louse Infestation.

	Boys	Girls	Total
Number of examinations in schools by nurses during 1971	28,399	29,947	58,346
Number of individual pupils found to have head-louse infestation	596	1,076	1,672
Number of pupils inspected 1st January - 27th March	6,922	6,493	13,415
Number of these pupils with head-louse infestation ..	389	744	1,133
Percentage found to have head-louse infestation ..	5.62%	11.46%	8.45%

Table XXIX
Disposition of Handicapped Pupils at the end of 1971.

Classification	Total No.	Special School		Home Teaching	Hospital/Hospital School	Ord. School	No. School
		Day	Resid.				
Blind	1	—	1	—	—	—	—
Partially sighted	11	4	4	—	—	3	—
Deaf	19	11	8	—	—	—	—
Partially hearing	31	7	5	—	—	19	—
Educationally Subnormal (includes mentally handicapped children)	150	109	11	—	17	7	6
Epileptic	3	1	2	—	—	—	—
Maladjusted	43	39	3	—	—	1	—
Physically handicapped	47	42	—	2	2	1	—
Delicate	46	42	—	—	—	2	2
Speech defect	118	3	—	—	—	114	1
Total	469	258	34	2	19	147	9
Mentally handicapped children included under educationally subnormal	70	46	1	—	17	—	6

Table XXX
Work carried out at E.N.T. Clinics.

New cases	206
Re-inspections	535
Referred for treatment in hospital	140
" " " " " clinic	59
" " re-inspection	424
" " X-rays	15
" " audiometry tests	212
Deaf aid clinic	7
Total attendances	741
Treatment—	
Operative—Tonsils and adenoids	69
" other nose and throat conditions	10
" diseases of the ear	51
Audiometry tests	402
Attendances for treatment by Clinic Nurse...	48

Table XXXI
Work carried out at Ophthalmic Clinics.

New cases	354
Re-inspections	809
Refractions carried out	431
Prescriptions issued	462
Referred to Hospital (orthoptic, operative treatment, etc.)	11
Total attendances	1,163

Table XXXII
Work carried out at Speech Therapy Clinics

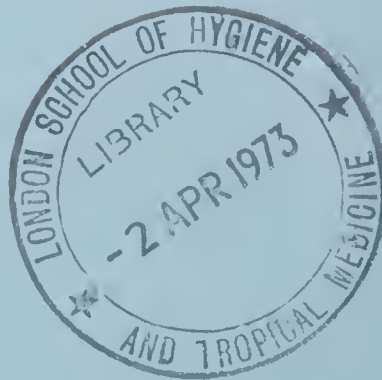
	Saul Street Clinic	Moorfield School Clinic
Case Load (i.e. on review or under regular treatment) ..	71	26
New Patients	102	39
Discharges	21	15
Total Attendances (including new patients)	687	106
Waiting List at December 1971	22	—

Table XXXIII
Mental Testing — Education Act, 1944, Sections 34
Education (Handicapped Children) Act, 1970
Children Assessed

	No. of Children
1. Ascertained as educationally subnormal	16
Recommendations:	
Sherburn Special School for E.S.N. Pupils	13
Residential Special School for E.S.N. Pupils	2
Remain at Moorfield Special School for P.H. Pupils ..	1
2. Ascertain as educationally subnormal (Mentally Handicapped Children) ..	12
Recommendations:	
Elms Day Special School for E.S.N. Pupils	9
Spastics' Day Centre	2
Remain at Residential Special School for E.S.N. pupils ..	1
3. Results of other assessments	17
Recommendations:	
Remain at ordinary school	8
School for partially sighted pupils	1
Residential school for partially hearing pupils	1
Moorfield school for P.H. pupils	2
Residential special school for P.H. pupils	1
Sherburn school for E.S.N. pupils (informal basis)	4
Total	45

Table XXXIV
Dental Inspection and Treatment.

1. INSPECTIONS:						
(a)	Number of pupils first inspected at school	..	..	..	..	4,540
(b)	Number of pupils first inspected at clinic	..	..	..	..	295
	Number found to require treatment	..	..	..	..	2,977
	Number offered treatment	..	..	..	..	2,270
(c)	Number re-inspected at school or clinic	..	..	..	..	127
	Number of these found to require treatment	..	..	..	..	86
2. SESSIONS:						
	Sessions devoted to treatment	..	..	..	..	718
	Sessions devoted to inspection	..	..	..	..	38
	Sessions devoted to Dental Health Education	..	..	..	..	—
3. ATTENDANCES AND TREATMENT:						
	Visits: first	..	..	..	..	1,676
	subsequent	..	..	..	..	2,839
	Total	..	..	..	..	4,515
	Additional course of treatment commenced	..	..	..	..	116
	Fillings: permanent teeth	..	..	..	..	2,233
	deciduous teeth	..	..	..	..	903
	No. of teeth filled: permanent teeth	..	..	..	..	1,894
	deciduous teeth	..	..	..	..	824
	Extractions: permanent teeth	..	..	..	..	513
	deciduous teeth	..	..	..	..	1,554
	General anaesthetics	..	..	..	..	739
	Emergencies	..	..	..	..	493
	Other forms of treatment	..	..	..	..	200
	Courses of treatment completed	..	..	..	..	1,262
4. ORTHODONTICS:						
	Cases remaining from previous year	..	..	..	..	31
	New cases commenced during year	..	..	..	..	16
	Cases completed during year	..	..	..	..	15
	Cases discontinued during year	..	..	..	..	3
	Number of removable appliances fitted	..	..	..	..	28
	Number of fixed appliances fitted	..	..	..	..	3
	Pupils referred to Hospital Consultant	..	..	..	..	1
5. PROSTHETICS:						
	Number of pupils supplied with dentures	21
	Number of dentures supplied	22



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